



Unity of Olympia  
PO Box 1523  
Olympia WA 98507  
Federal Tax ID # 91-0890113

### Legacy Plan Enrollment Form

Name *(please print)* \_\_\_\_\_ Birth Date \_\_\_\_\_

Name *(please print)* \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Email \_\_\_\_\_ Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

I/We have provided support for Unity of Olympia’s Legacy Plan via the following commitment(s):

- Will       Life Insurance Policy       Charitable Remainder Trust       Revocable Trust
- Retirement, Savings, or Investment account beneficiary       Current Cash Donation
- Other (please describe) \_\_\_\_\_

I/We have provided for a planned gift of \$ \_\_\_\_\_ OR \_\_\_\_\_ % of my/our estate.

**In no way does this form bind you legally to any amount or agreement, and the amount remains confidential.**

I/We understand that my/our financial gift entitles me/us to become members of the Legacy Plan at Unity of Olympia. This contribution will be held in a special account and used at the discretion of the Board of Trustees, in keeping with the vision, mission and values of Unity of Olympia.

I/We wish for our gift to remain completely anonymous.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_