

**Thank you for including Advocates for Trans Equality Education Fund in your legacy plans.**

Please use this form to share details of your intent to provide for future generations.

Return to: [Legacy@transequality.org](mailto:Legacy@transequality.org) or the address below.

It is with deep satisfaction that (please check one below):

- ☐ I/We have already made a provision in my/our estate plan.
- ☐ I/We will make a provision in my/our estate plan in the next \_\_\_\_\_ months (less than 12).

Organization (please check one below):

- ☐ I/We have/plan to indicate the Advocates for Trans Equality Education Fund (501c3) EIN 41-2090291.
- ☐ I/We have/plan to indicate the Advocates for Trans Equality (501c4) EIN 82-0861095.

Gift Information (Optional): With A4TE included as a beneficiary through a:

- ☐ Bequest in a will or trust
- ☐ Donor-Advised Fund
- ☐ Life Insurance Policy
- ☐ Gift of securities or stock
- ☐ Percentage of IRA or retirement plan
- ☐ Other (please indicate): \_\_\_\_\_
- ☐ Remainder of a checking/savings account \_\_\_\_\_

Amount of Gift – Please choose one of the following options:

- ☐ My/our bequest will be a specific amount of \$ \_\_\_\_\_
- ☐ My/our bequest will be \_\_\_\_\_ % of my/our estate/IRA/Insurance policy
- ☐ I/we prefer to keep these details confidential or have not determined an amount.

Acknowledgment: To encourage others to make commitments to the future, I/We permit my/our name(s) to be listed in printed materials and/or online:

- ☐ I/we prefer to remain anonymous.
- ☐ I/we permit my name to be listed as: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_