



CONFIDENTIAL

As a supporter of the mission of the Grand Is The Purple & Gold Legacy Society. I have a		n, I accept membership in
□ a bequest in my will or living trust		a beneficiary in a charitable lead trust
□ a gift annuity		a beneficiary in a charitable remainder trust
☐ a beneficiary of my life insurance		a life estate gift
☐ a beneficiary of my IRA, 401(k), bank a or investment account	iccount \square a	a beneficiary in a remainder interest in residence, farm, or trust
□ Other		
Designation: ☐ Area of Greatest Need or I understand that I will remain a member of		iety as long as my gift plan remains in place. I will
notify the Grand Island Public Schools Foun	dation if I change my plans.	
The approximate value of this gift is \$		(optional)
Name(s):		
Home Address:		
City:	State:	Zip Code:
E-Mail Address:		
Day Phone:	Eveni	ng Phone:
Professional Advisor (e.g., CPA, attorney, b.	roker):	
Address:		Phone:
☐ I/We would be pleased to be listed as m serve as encouragement for others to give		Legacy Society in GIPS Foundation publications to ear as follows:
☐ I/We would prefer to be listed anonymo	usly.	
Signature	 Date	Birthdate
Signature	 Date	 Birthdate

Completion of this form is not intended to be legally binding, but a good faith statement of my/our intent.

Please return your confidential response to the Grand Island Public Schools Foundation, P.O. Box 4904, Grand Island, NE 68802-4904

You may also call the GIPS Foundation at 308-385-5900 ext. 1170 or fax to 308-385-5949. Thank you.