



Unity of Olympia
1335 Fern St SW
Olympia WA 98506
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 Plan () 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

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