



## Agassiz Village's Legacy Society

Thank you for wishing to join Agassiz Village's Legacy Society. To confirm your membership, please fill out this form in its entirety, detailing the type of legacy gift you plan to make to AV. While amounts are optional, they are very much appreciated as a way to help us plan for AV's future.

I authorize Agassiz Village (AV) to list my name as a member of Agassiz Village's Legacy Society in AV publications and online materials. However, I would like the type and amount of my gift to remain confidential.

I prefer to remain an anonymous member of Agassiz Village's Legacy Society.

### Confidential Membership Information

Full Name: \_\_\_\_\_

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

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

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

I have included AV in my will/revocable trust. \$\_\_\_\_\_ Amount or estimated value (optional)

Specific bequest  Percentage bequest  Contingent bequest  Other

Restrictions/contingencies

I have named AV in an irrevocable trust or life-income arrangement. \$\_\_\_\_\_ Amount/value (optional)

Family Trust  Charitable remainder trust  Charitable lead trust  Retained Life Estate  
 Other

I have made AV a beneficiary of: \$\_\_\_\_\_ Amount or estimated value (optional)

Life insurance policy  Qualified retirement plan  Other

I have attached a copy of the portion of my will that applies to Agassiz Village or a copy of the trust agreement in which Agassiz Village is named. (Optional)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agassiz Village Founded By Mr. & Mrs. Harry E. Burroughs (Federal Tax ID : 04-2160531)**  
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