
Name

Spouse/Partner

Date of Birth

Spouse/Partner Date of Birth

Address

City, State, ZIP

Email Address

Spouse/Partner Email Address

Please describe your legacy gift. Select one of the following options:

☐

Will

☐

Revocable
"Living" Trust

☐

Retirement
Account

☐

Life
Insurance

☐

Other: _____

How would you like Camptown to use your gift (for example: unrestricted use or a specific area or purpose)?

Please provide an estimate of the current value of your legacy gift to Camptown. All such information will be kept confidential. This estimate does not bind you or your estate in any way.

\$ _____

Estimate

Camptown Compass Circle: Your legacy gift entitles you to become a member of the Camptown Compass Circle and have your name(s) listed with other members. You will receive a gift and certificate and will be invited to special events.

Select one of the following options:

☐

Yes, I/we would like to be listed as a member of the Camptown Compass Circle.

☐

Yes, I/we would like to be a member of the Camptown Compass Circle but list my/our gift as "Anonymous."

☐

No, please do not include me/us in the Camptown Compass Circle.

Signature

Spouse/Partner Signature

Date

Spouse/Partner Date

This document does not bind you or your estate. By signing this form, you are simply acknowledging your current plans to benefit Camptown in the future and giving us guidance as to your wishes.