



The Child & Family Network Centers
(Federal Tax ID : 54-15898098)
Attn: Development
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Legacy Society Pledge Form

Thank you for wishing to join The Child and Family Network Centers 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 CFNC. While amounts are optional, they are very much appreciated as a way to help us plan for CFNC's future.

I authorize The Child and Family Network Centers (CFNC) to list my name as a member of The Child and Family Network Centers' Legacy Society in CFNC 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 The Child and Family Network Centers Legacy Society.

Confidential Membership Information

Full Name (as you would like it to appear in any Legacy Society listings):

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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

Specific bequest Percentage bequest Contingent bequest Other Restrictions/contingencies

I have named CFNC 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 CFNC 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 The Child and Family Network Centers or a copy of the trust agreement in which CFNC is named. (Optional)

Signature: _____ Date: _____