

NEW HOPE LEGACY SOCIETY

Membership Enrollment Form

___ Yes! I/we confirm that I/we have made a planned gift to New Hope Foundation.

___ I/we give my/our permission to New Hope to publicly recognize my/our membership in the Legacy Society.

Name(s):

Print as you would like your name(s) listed

Also, please provide your:

Address: _____

City: _____ State: _____

Zip Code: _____

Email: _____

Birthdate(s): _____

Signature(s):

Today's Date: _____

Details regarding your estate gift are not necessary but would be helpful for our future planning. Feel free to provide any information on the back of this enrollment form.

Please return your confidential response to the New Hope Development Office at PO Box 887, Carroll, IA 51401. You may also call the Development Office at (712) 792-5500, ext. 216 or 217.