



Membership Form

I am pleased to accept membership into the ACH Child and Family Services' **Circle of Life**. I understand that my membership is based on the following confidential information.

In order to properly acknowledge and record your gift, please provide the following information about your estate plan.

Name: _____ Date of Birth: _____

Spouse Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-mail: _____

Please list past volunteer roles with ACH for special recognition: _____

Type of Gift

It is my/our intent to provide a legacy for ACH Child and Family Services (Tax ID # 75-0818140) through my/our:

- Bequest Retirement Plan Assets Life Insurance Charitable Trust Other _____
 A copy of the provision is attached or will be sent when it is executed (optional).

Description of Gift

Please describe your gift (percentage of estate, specific dollar amount, description of specific property, etc.): I/we wish to inform ACH, for long-term planning purposes only, the estimated value of my/our gift, as of today, is \$ _____

(If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.) It is understood that these statements and estimates are offered solely to assist ACH to record and project future financial support and gift expectancies. I/we understand that by stating an amount, this does not legally bind my/our estate, and I/we may choose to add, subtract or revoke this bequest at any time, at my/our sole discretion.

Purpose of Gift

- Area of greatest need
 This gift is to be used for the following service or program: _____

Note: Should the specific unit named no longer exist the gift will be directed by the ACH Board of Directors.

Please indicate your preference:

- ACH may announce and/or publish our names as a way of encouraging others to leave a legacy for ACH.
 I/we would like this planned gift to remain **totally anonymous**.

All information regarding your intended gift is held in the strictest of confidence.

Signature _____ Date _____

Signature _____ Date _____

Thank you for your continued support and commitment!

Please mail or e-mail to:
ACH Child and Family Services, 3712 Wichita Street, Fort Worth, Texas 76119
Dixie.Mullins@ACHservices.org | 817.886.7115

