

MARCA BRISTO LEGACY CAMPAIGN



GIFT AGREEMENT FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____ CELL HOME

To achieve the vision and purpose of the establishment of the Marca Bristo Legacy Chair, I/we pledge to pay the amount indicated below according to the schedule noted.

Total Gift: \$ _____

I/We will fulfill this gift in whole or part through a Bequest: _____.

I/We will fulfill this pledge over:

1 year (2021) 2 years (2022) 3 years (2023) 4 years (2024) 5 years (2025)

Payment Amount: \$ _____ to begin on _____, 20____

GIFT PAYMENT INTENTIONS

I/We plan to make my/our contribution in the form of:

Check Donor Advised Fund Bequest

Please make checks payable to **Access Living** and send to:

Access Living (Attn: Legacy), 115 W Chicago Ave, Chicago, IL 60654

Stock ACH/Wireless Payment

Please contact Director of Development Barbara Khalouf (BKhalouf@AccessLiving.org / 312.640.2198) for assistance.

RECOGNITION

I/We understand that the knowledge of our gift may encourage support from other donors. How should we list your contribution?

(as it should appear in printed materials)

I/We wish to remain anonymous. Please do not list my/our name.

DONOR SIGNATURE

Signature

Date