



PROJECT HEALING WATERS LEGACY GIFT FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I/We have provided for the future of lacrosse in the following manner:

- | | |
|--|--|
| <input type="radio"/> Bequest through Will or Trust | <input type="radio"/> Gift of Life Insurance |
| <input type="radio"/> Assignment of Retirement Plan Assets | <input type="radio"/> Charitable Remainder Trust |
| <input type="radio"/> Charitable Lead Trust | <input type="radio"/> Other: _____ |

The estimated current dollar value of my gift is:

- | | |
|---|---|
| <input type="radio"/> \$10,000 - \$24,999 | <input type="radio"/> \$250,000 - \$499,999 |
| <input type="radio"/> \$25,000 - \$49,999 | <input type="radio"/> \$500,000 - \$749,999 |
| <input type="radio"/> \$50,000 - \$99,999 | <input type="radio"/> \$749,999 - \$999,999 |
| <input type="radio"/> \$100,000 - \$249,999 | <input type="radio"/> \$1,000,000+ |

My gift is intended to be used as:

- ☐ Unrestricted Support (Area of Greatest Need)
- ☐ Designate to support: _____

Recognition:

- ☐ You have permission to use my/our name(s) in all Project Healing Waters Legacy Gift published lists in the following manner:
- ☐ I/We wish to remain anonymous and do not want to include my/our names in published lists

☐ **I have attached a copy of the page or paragraph that describes my/our future gift provision.**

Signature

Date

Signature

Date

Please Send Completed Form to

Email: Mike Cather, VP Development, mike.cather@projecthealingwaters.org

Mail: Project Healing Waters, Attn: Development, 1910 Marina Dr., Windsor, CO 80550

HEALING THOSE WHO SERVE