



Legacy Society

In recognition of YPN's legacy of prenatal and parenting educational excellence, and with the belief that this legacy is worth preserving and passing on to new generations, I (we) have taken, or will take, steps to make the gift described below to the YPN Legacy Society.

Name _____ Phone (_____) _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Please describe your gift.

Bequest by Will Revocable trust Irrevocable trust Charitable Remainder Trust
For Percentage _____% Monetary amount _____ Residual _____

Beneficiary designation of IRA Life insurance Policy Commercial Annuity
 Other Retirement Funds _____

Other deferred gift _____

Contingency provision (please describe) _____

I would like my gift to be used as follows:

Unrestricted (To be used by YPN in the area of greatest need)

Restricted for the following purpose: _____

Estimated value of gift \$ _____

Please include me (us) as member(s) of the YPN Legacy Society with the opportunity to participate in the various special programs available to YPN Legacy Society member(s).

Please list my (our) name(s) for recognition purposes as follows:

I am (we are) already YPN Legacy Society member(s).

I (we) prefer to remain anonymous while living with regard to this gift. I (we) understand that by making this gift anonymously, I (we) hereby decline the recognition and benefits of the YPN Legacy Society.

NOTICE TO DONOR: *YPN will respect the confidential nature of this information and will use it only for planning purposes. No dollar value will be reported in association with your gift. This form is non-binding and, as such, can be revised should your circumstances or inclinations change.*

Date

Signature

Birthdate (month/day/year)

Date

Signature

Birthdate (month/day/year)

NOTE: *Your signature(s) on this form gives YPN permission to list your name(s) in our publications as YPN Legacy Society member(s) (unless you have elected to remain anonymous). No dollar amount or designation of your gift will be publicly listed. However, to enable YPN to adequately plan for the future, we would like your permission to share this information with appropriate YPN Leadership. Should you decide you do not wish YPN share this information, your decision in no way will affect your membership in the YPN Legacy Society. By affixing my/our signature(s) below, I/we hereby agree that YPN may share my/our name(s) and the designation of my/our gift with the appropriate YPN officials for planning purposes only.*

Signature

Date

Signature

Date

PLEASE RETURN COMPLETED FORM TO:

YPN
420 6th Street S.E., Suite 260
Cedar Rapids, Iowa 52401
Phone: 319-364-8909 Website: www.ypniowa.org