

Legacy Society

Those who make a planned gift to the West Suburban Humane Society play a key role in securing the shelter's future and are recognized by inclusion in the Legacy Society. These donors have remembered WSHS with a lifetime income gift or as a beneficiary of a will, trust, retirement plan, or life insurance policy.

Name: ____

Date of Birth:

Spouse	:		Date of Birth:
Mailing	g address:		
Telephone (home)		(mobile)	(work)
Email:		Other:	
Please	indicate if you	have:	
0	Included We o Will o Trus	st Suburban Humane Society in you	ur estate plan:
0	LifeIRA,	insurance policy pension, or other retirement accou	beneficiary of (check all that apply):
Approx	ximate amount	of your gift: \$	
Please	enroll me/us a	s a member of the Legacy Society	(please check one):
0	I/We grant ye	ou permission to publish my/our na	me(s) in WSHS recognition materials.
(Please	print your na	me as you would like it to appear ir	our recognition materials)
0	I/We do not	want my/our name(s) published in	WSHS recognition materials.
Signatu	ıre:		Date:
Signatu	are of Spouse:		Date: