

Name(s)			
Address	City	State	Zip
Primary Phone	Alternat	e Phone	
Birth date (optional)	Email		
I have made or intend to make a legacy g	ift to the "Wenatchee Ro	tary Foundation" (WRF)	as indicated below.
Will (Please designate: Wenatcl	ee Rotary Foundation)	
Life Insurance Policy or Retirem	ent Plan Beneficiary Desig	gnation	
Trust in which Wenatchee Rotar Please indicate when the Found (Example: "Income to my spouse	lation's interest will take a	iffect.)
Deferred Gift (i.e. Charitable Gift Charitable Lead Trust, etc.) Pleas		-	der Trust,
Traditional IRA (tax free) Mandat	ory Required Distribution	(RMD) as a qualified charita	able distribution (QCD)
Other (description)			
I want my bequest to go to the	WRF Endowment Fund (F	estricted)	
I want my bequest to go to the	WRF Operating Fund (Un	restricted)	
Estimated amount of gift: \$	or	% of estate	, policy or account.
Optional: Please enclose a copy of the Foundation as a beneficiary. We will retain			
Congratulations! Your gift qualifies you recognize you in our Legacy Society ma	•		ored to
Please list my/our names as fo	llows:		
Signature(s):			

WenatcheeRotaryFoundation@gmail.com • P.O. Box 173, Wenatchee WA 98807-1723