



**YMCA of Metropolitan Los Angeles
Office of Gift Planning**

625 South New Hampshire Avenue
Los Angeles, CA 90005

Phone: (213) 351-2263 Fax: (213) 251-9720

PRESIDENT'S CLUB

Name _____ Birth Date _____
Spouse's Name _____ Birth Date _____
Home Address _____ Telephone _____
City _____ State _____ Zip _____ E-Mail _____

I am pleased to accept membership in the YMCA President's Club on the following basis:

I have included the YMCA in my

- _____ **Will**; enclosed is a copy of the section of my will
- _____ **Revocable Trust**; enclosed is a copy of the section of the trust
- _____ **Irrevocable Trust**; enclosed is a copy of the section of the trust

I have named the YMCA as a beneficiary of my

- _____ **Retirement Fund** (IRA, 401K, 403B) for _____ % or \$ _____; enclosed is a copy of the beneficiary form
- _____ **Life Insurance** for _____ % or \$ _____; enclosed is a copy of the beneficiary form

I have arranged a residual interest gift for the YMCA through a

- _____ **Charitable Gift Annuity**; enclosed is a copy of the gift agreement
- _____ **Charitable Remainder Unitrust**; enclosed is a copy of the trust agreement
- _____ **Charitable Remainder Annuity Trust**; enclosed is a copy of the trust agreement
- _____ **Life Estate**: Home Farm

My/Our name(s) should appear in the President's Club records as follows:

Name(s) _____

Please designate my deferred gift to (branch names):

Yes, I would like additional information on:

- Wills Annuities Trusts Life Estates Planned Giving

Thank you for your commitment to the YMCA's Future. In order for us to better steward our President's Club donors and for our records, please share with us your YMCA story and your reason for making a gift that will leave your legacy at the YMCA (please do not feel limited to the space provided).



Signature _____ Date _____

Return to: YMCA of Metropolitan Los Angeles
Office of Gift Planning
Attn: Thanh Hoang
625 South New Hampshire Avenue
Los Angeles, CA 90005