



Join the PSI 1987 Legacy Society

This form is to advise Postpartum Support International (PSI) of your philanthropic intent to make a planned or deferred gift to PSI. The information collected on this form is not a binding commitment and you retain the right to change or revoke your gift at any time with or without notice to PSI.

PSI's 1987 Legacy Society recognizes individuals and couples who have notified us that they have included PSI in their Will or other deferred giving plan. To join the 1987 Legacy Society, we need only a simple written notice documenting your future gift.

OPTIONS: (please check boxes that apply)

- I/We have made a provision for Postpartum Support International in my/our estate plans and wish to be included in the Legacy Society.
- I/We have made a provision for a gift, but prefer not to be listed as members of the Legacy Society.
- I/We have not yet planned for a future gift, but would like more information about how to leave a legacy through our Will or other planned giving arrangement.

Name: _____ DOB: _____

Name (Partner/Spouse): _____ DOB: _____

Address: _____

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Phone Number(s): _____

Email Address(es): _____

Please list my/our names as:

PSI's Federal Tax ID Number is: 77-0196208

We appreciate additional information on your gift if you are willing to disclose it:

I have included Postpartum Support International in my: (please check boxes)

- Will \$ _____
- Retirement Plan \$ _____
- Donor Advised Funds \$ _____
- Revocable Living Trust _____
- Life Insurance Policy \$ _____
- Other \$ _____

I have funded a(n):

- Charitable Gift Annuity \$ _____
- Charitable Remainder Trust \$ _____
- Charitable Lead Trust \$ _____
- Endowment \$ _____
- Pooled Income Fund \$ _____
- Retained Life Estate \$ _____
- Other Asset (s) \$ _____

Signed:

Print Name

Signature

Please email or mail completed form to:

lynn@postpartum.net

Postpartum Support International

ATTN: Lynn McFarland

6706 SW 54th Avenue

Portland, OR 97219

Received by PSI on: _____

Date Stamp