



**HOUSTON AREA PARKINSON SOCIETY
LEGACY CIRCLE MEMBERSHIP CONFIRMATION**

Members of the Houston Area Parkinson Society Legacy Circle are greatly appreciated for their generosity, vision and compassion through the establishment of a planned gift. They inspire others to share the mission and experience the joy of giving hope and support through Houston Area Parkinson Society. Please confirm your membership eligibility by completing and returning this membership confirmation form.

Donor Information

Name _____ Date of Birth _____

Address _____ Phone _____

City, State, Zip _____ Email _____

You may publish my name as a HAPS Legacy Circle Member. Members will be recognized on select publications and at events throughout the year.

*Although your planned gift will remain confidential, we would like to verify how you would like to be recognized (e.g., Mr., Mrs., Mr. And Mrs., Ms., Sr., title) as a member of the HAPS Legacy Circle.
Your listing preference: _____*

I prefer my HAPS Legacy Circle membership to be anonymous. Please do not publish my name.

Legacy Gift Information

I have created the following planned gift(s) to benefit those served by Houston Area Parkinson Society
Legacy Gift Type:

- Bequest through will or codicil
- Beneficiary of IRA, retirement plan, or life insurance policy
- Beneficiary of charitable trust
- Other: _____

Estimated of value gift (optional): _____

I understand this information will be kept confidential and used solely to assist in planning for the future needs of Houston Area Parkinson Society. I retain the right to change my revocable gift plan(s). This document is not legally binding on my estate, my heirs, or me.

Signature _____

Date _____