

Legacy Gift Commitment Form

Please mail or email this form to the Foundation.

Iam/We are pleased to confirm my/our future gift to Kitsap Regional Library Foundation.

Name(s)Address			
City			
Telephone			
Please check all that apply:			
Kitsap Regional Library Foundation has b	een included in my/our:	Will	Living Trust
Kitsap Regional Library Foundation has b	een named as a beneficiary	of my/our:	
	Retire	ment Plan	Life Insurance Policy
I/We have included the library in my esta	te in the following way:		
I/We are pleased to accept membership	in the Legacy Society.	Yes	No
Please list my/our name(s) as:			
Approximate gift (optional):			
It is helpful (but not required) to receive a copy of the your legal or financial advisor that describes the no		nents relating to yo	our intended gift or a letter from
Signature(s)			Date/
The Kitsap Regional Library Foundation is a 501(c)3	nonprofit organization, Tax ID: 91-10	605136.01/12/2022	