

## LEGACY GIFT CONFIRMATION FORM

The long term fiscal stability of ARCH (Arizona Recreation Center for the Handicapped) is dependent upon the generosity of the community.

\*Thank you for supporting ARCH!

	The information allows ARCH to document you charitable wishes, estimating the impact of over			
Allow us to celebrate your gift by co	nfirming your plans below.			
$\ \square$ I have made provision(s) for ARC	H in my estate plan.			
Name:		Date of Birth:		
Home Address:				
City:	S	tate:	_ Zip:	
Telephone:	Email:			
Spouse's Name:		Date of Birth	Date of Birth:	
Children:		Date of Birth:		
Children:		Date of Birth:		
Personal Representative:		Telephone:		
☐ General ARCH Fund	e designated to a particular program	s Services*		
RECOGNITION	ognize me as a member of the ARCH I	• • • • • • • • • • • • • • • • • • • •	••••	
	ic recognition):			
$\ \square$ I wish to remain anonymous.	• • • • • • • • • • • • • • • • • • • •			
TYPE OF GIFT  ☐ Legacy Gift	☐ Beneficiary Designation	☐ Will Bequest	☐ Living Trust	
☐ Charitable Remainder Trust	☐ Retirement Plan Assets	• • • • • • • • • • • • • • • • • • • •		
	name/#			
	f conveyance. (Will, trust, life insuranc		nation form.)	
Signature		, ,	Date	

Please contact your own personal attorney or estate planner to make arrangements or if you have questions. If you would like to learn more about legacy gifts to ARCH, please contact Jennie at 602-230-9734 or email jennieh@archaz.org.