**YMCA of the Virginia Peninsulas**

**The Spencer Society**

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| Confidential Information |

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| --- | --- |
| **Full Name**  |  |
| **Birth Date**  |  |
| **Spouse’s Name** |  |
| **Birth Date**  |  |
| **Home Address**  |  |
| **City**  |       | **State** |       | **Zip** |       | **Phone** |       |
| **E-mail Address**  |  |
| The purpose for which gifts are to be used when they become available in future years for the Endowment Fund: |
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| [ ]  A. General purposes of the YMCA throughout the service area of the YMCA of the Virginia Peninsulas. |
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|  [ ]  B. Specific purposes of the YMCA as follows: |
|  For Center      ; For Program       |
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| Method(s) used to qualify for membership in the Spencer Society: |
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|  [ ]  A. Will/Revocable Trust:       % for the YMCA; $      to the YMCA |
|  [ ]  Primary Beneficiary [ ]  Contingent Beneficiary |
|  [ ]  B. Outright Gift of [ ]  Cash [ ]  Stock [ ]  Property; $ Approx. Value |
|  [ ]  C. Life Insurance: $ |
|  [ ]  Primary Beneficiary [ ]  Contingent Beneficiary |
|  [ ]  D. Pooled Life Income Fund |
|  [ ]  E. Short-term Trust |
|  [ ]  F. Charitable Gift Annuity |
|  [ ]  G. Charitable Remainder Unitrust or Annuity Trust |
|  [ ]  H. Pension Plan (IRA, 401K) Remainder |
|  [ ]  I. Real Estate: [ ]  Home [ ]  Farm [ ]  Lot; $      Approx. Value |
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| ***Signature:******Additional Information:*** |