



Legacy Society CERTIFICATE OF MEMBERSHIP

The **Legacy Society** of the Dental Connections, Inc. is a group of visionary, forward-thinking supporters who have made estate-plan provisions to give a lasting gift to Dental Connections, Inc. If you have included Dental Connections, Inc. in your will or other estate plans, please let us know so that we can thank you.

Legacy Society Membership Confirmation:

I/We confirm that I/we have taken steps to make a planned gift to Dental Connections, Inc.

Name(s): _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Please sign: _____

Signature

Date

*This certificate indicates only the intent to make a gift. **This is a non-binding document.** If you need additional information about or assistance with making a planned gift to Dental Connections, Inc., please contact Carl Evans at the address listed on the reverse side of this form.*

Public Acknowledgement of Membership in the Legacy Society:

- I/We **would like** my/our name(s) listed publicly as a member(s) of Dental Connections, Inc. **Legacy Society**. Please list my/our name(s) in the **Legacy Society** as:

Please print

- I/We **would not like** my/our name(s) listed publicly as a member of the Dental Connections, Inc. **Legacy Society**. My gift should be listed as *Anonymous*.

Remember, have all documents prepared by your attorney. The legal name of the nonprofit is Dental Connections, Inc. Gifts are fully tax deductible as prescribed by law. (OVER)



Details of Legacy Society Membership:

Please answer the following questions to the extent to which you feel comfortable. It is often helpful to have on record pertinent details of your plans to assure that your wishes are carried out. Please provide such details below or attach them separately. This information would include the provisions of your will or living trust that involves Dental Connections, Inc., and the date of such will or trust, identification of the life insurance policy or retirement plan and the provision for Dental Connections. If you are comfortable providing the amount of your provision, percentage of estate, or an approximation, please do so.

1. I have made the following provision(s) for my estate plan to include Dental Connections, Inc.:
 - Bequest** in my will.
 - Charitable Trust** arrangement with Dental Connections, Inc. as beneficiary.
 - Charitable Gift Annuity** with Dental Connections, Inc. as beneficiary.
 - Life Insurance** or **Retirement Account** with Dental Connections, Inc. as beneficiary.
 - Other** (please explain)
2. Does Dental Connections, Inc. have a program that is of special interest to you?
3. How did you first learn about planned giving? *(check all that apply)*
 - Attorney Friends/Family Dental Connections, Inc.
 - Financial Advisor Other nonprofit Other *(please explain)*:
4. Is there any other information you would like to share?

Please return this certificate to:

Carl Evans 515-244-9136 x 120
Development Coordinator cevens@dental515.com
Dental Connections, Inc.
1111 9th St, Ste 190
Des Moines, IA 50314