



Name _____ Date of Birth _____

Street Address _____

City _____

State _____ Zip Code _____

Home Phone _____

Work Phone _____

Email Address _____

I/we have remembered the University of the Aftermarket Foundation through the following:

- ☐ Bequest in Will
- ☐ Designation in Revocable Trust
- ☐ Life Insurance
- ☐ Retirement Account Beneficiary Designation
- ☐ Charitable Remainder Trust
- ☐ Other

The approximate value of my future gift is: \$ _____

Please include any support documents and provide the contact information for your planned giving donation:

Welcome to the Legacy Club!

Thank you for sharing this information with us so that we better acknowledge your generosity.

- ☐ Please check this box if you wish your name(s) to be excluded from public lists of the Legacy Club members.

Signature _____ Date _____



Please return this form to:
University of the Aftermarket Foundation
Attn: Planned Giving
2045 W. Grand Ave, Ste B, PMB 71917
Chicago, IL 60612-1577