



## Legacy Circle Information Form

I am pleased to accept membership in the YWCA Metro Vancouver Legacy Circle on the following basis:

I have included the YWCA Metro Vancouver in my will

I have named YWCA Metro Vancouver as beneficiary of a life insurance policy

I have arranged an annuity, trust or other residual interest gift for YWCA Metro Vancouver

I am willing for my name to be listed as a member of the Legacy Circle. My name should appear in the Legacy Circle records as follows:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Please complete and return this form to:

Attention: PLANNED GIVING  
YWCA Metro Vancouver  
535 Hornby Street  
Vancouver, BC V6C 2E8  
legacy@ywcavan.org