

**Steggles Legacy Society Membership Form**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Birth Date (optional) \_\_\_\_\_ Email \_\_\_\_\_

**I have made or intend to make a legacy gift to the Alzheimer & Parkinson Association of Indian River County (APAIRC) Tax ID 59-2437723 as indicated below.**

Will (Please designate: Alzheimer & Parkinson Association of Indian River County)

Life Insurance Policy or Retirement Plan Beneficiary Designation

Trust in which Alzheimer & Parkinson Association is named beneficiary.

Please indicate when the Alzheimer & Parkinson Association's interest will take effect.  
(Example: "Income to my spouse, then principal to Alzheimer & Parkinson Association")

Deferred Gift (i.e. Charitable Gift Annuity, Pooled Income Fund, Charitable Remainder Trust, Charitable Lead Trust, etc.) Please contact the Executive Director of APAIRC to discuss.

Traditional IRA (tax free) Mandatory Required Distribution (RMD) as a Qualified Charitable Distribution (QCD)

Other (description) \_\_\_\_\_

I want my bequest to go to the APAIRC Endowment Fund (Restricted)

I want my bequest to go to the APAIRC Operational Fund (Unrestricted)

Estimated amount of gift: \$ \_\_\_\_\_ or \_\_\_\_\_ % of estate, policy or accounts.

**Optional:** Please enclose a copy of the pertinent section of your documentation mentioning Alzheimer & Parkinson Association as a beneficiary. We will retain this in our confidential files as a record of your intention.

**Congratulations!** Your gift qualifies you for membership in our Steggles Legacy Society. We are honored to recognize you in our Legacy Society material unless you indicate otherwise.

Please list my/our names as follows:

Signatures(s)  
1. \_\_\_\_\_ 2. \_\_\_\_\_

**PLEASE RETURN COMPLETED MEMBERSHIP FORM TO:**

Alzheimer & Parkinson Association of Indian River County

2300 5<sup>th</sup> Ave., Suite 150 Vero Beach, FL 32960 | 772.563.0505 | [info@AlzPark.org](mailto:info@AlzPark.org) | [www.AlzPark.org](http://www.AlzPark.org)

A copy of the official registration and financial information may be obtained by calling the Division of Consumer Services at 1-800-435-7352 within the state of Florida. Registration does not imply endorsement, approval, or recommendation by the state of Florida.