

**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– I want to name Alzheimer & Parkinson Association of Indian River County as a beneficiary.

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.