



## 1913 Society

I/We wish to join the 1913 Society to ensure the continued growth of Children's Aid Society through charitable planned giving.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

I/We have provided for the future of Children's Aid Society in the following manner:

- |   |   |
|---|---|
| <input type="checkbox"/> Bequest through Will or Trust  | <input type="checkbox"/> Charitable Gift Annuity    |
| <input type="checkbox"/> Gift of Life Insurance   | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Other: _____   |   |
| <input type="checkbox"/> Attached is a copy of the page or paragraph that describes my/our future gift. |   |

My/Our gift is intended to be used as:

- |  |
|--|
| <input type="checkbox"/> An unrestricted gift with best use determined by Children's Aid Society   |
| <input type="checkbox"/> _____   |
| <input type="checkbox"/> I/We have made this provision for a gift, and give permission for you to use my/our name as a member of the 1913 Society in any publication. I/We understand that this recognition will promote charitable planned giving, and encourage others to join the 1913 Society. |
| <input type="checkbox"/> I/We have made this provision for a gift, but prefer confidentiality and do not wish to be recognized in any publication as a member of the 1913 Society.   |
| <input type="checkbox"/> I/We will consider making a charitable planned gift, and becoming a member of the 1913 Society. Please contact me/us for future discussion.   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail completed form to:**  
Molly Helmstetter  
Director of Marketing & Fund Development  
Children's Aid Society  
343 Lincoln Way West  
New Oxford, PA 17350

**Thank you for your commitment to the future of Children's Aid Society!**