

**INNER WHEEL U.S.A. FOUNDATION, INC.**  
**BENEFACTOR INFORMATION**

**Directions:** The individual or corporation gifting funds to the Inner Wheel U.S.A. Foundation completes this form. Two (2) copies should be completed and signed. One copy should be returned to the Foundation. The second copy should be filed with your estate planning documents. The Foundation appreciates your contribution and the interest you have shown in our cause. Please be sure to sign both copies. *We respect your privacy. We will not share your name or address with any third party without your consent.*

**INDIVIDUAL BENEFACTOR**

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Last                    First                    Middle  
Address: \_\_\_\_\_  
                    Street  Apt.                    PO Box  
  ( ) \_\_\_\_\_  
                    City                                    State                    Zip                    Home Phone  
Email Address(optional) \_\_\_\_\_

*I hereby grant a representative from the Inner Wheel U.S.A. Foundation, Inc. access to any and all information and documents associated with this donation (bequest).*

Signature of Benefactor: \_\_\_\_\_

Spouse or Personal Representative Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**CORPORATE OR BUSINESS BENEFACTOR**

Legal Name: \_\_\_\_\_ EIN # \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street  PO Box  
  ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
                    City                    State            Zip Code                    Phone

Authorizing Officer:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

**TYPE OF DONATION: (please check)**

- Bequest of \$ \_\_\_\_\_.
- Traded Stock in the amount of \_\_\_\_\_ shares of \_\_\_\_\_. (Sign stock transfer to Inner Wheel U.S.A. Foundation on back of stock or contact your broker for information. We will assist you as needed to effect the transfer. Funds will be transferred to IWUSA Brokerage Account.
- Life Insurance Policy – List name of insurance company, address, policy # and address listed on Policy: \_\_\_\_\_
- Other: Please describe: \_\_\_\_\_

**OPTIONAL INFORMATION (Please check)**

- Inner Wheel U.S.A. Member: Club Name \_\_\_\_\_
- Rotarian: Club Name \_\_\_\_\_
- Spouse/Family Member/Friend of Inner wheel U.S.A. Member or Rotarian

**Please send contribution or request for information to:**  
**Inner Wheel U.S.A. Foundation, Inc. , P.O. Box 3414, Haines City, FL 33845-3414 EIN #58-1849058**