





<u>Directions:</u> The individual or corporation gifting funds to the Inner Wheel USA Foundation completes this form. <u>Two (2) copies should be completed and signed.</u> One copy should be returned to the Foundation. The second copy should be filed with your estate <u>planning documents</u>. 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:					DO D	-	
	Street			Apt.	PO Box		
City Email Addres	s(optional)	State	Zip		Home Phone	Cell Phone	
	t a representative fration (bequest).	om the Inner Wheel USA	Foundation a	ccess to any a	and all information a	nd documents associated with this	
Signature of	Benefactor:						
Spouse or Personal Representative Name:				Phone: ()			
ADDRESS:							
	Number & Str	eet Address Ap	ot.	I	P.O. Box		
	City	State	Zip	Area Code	e/Phone	·	
<u>CORPORA</u>	TE OR BUSINE	SS BENEFACTOR					
Legal Name:				E	EIN #		
Address:							
	Street		PO Box				
	City	State	Zip	Phone	_) e	Ext	
Authorizing							
Name:			Title:				
TYPE OF D	ONATION: (plea	se check)					
□ Beq	uest of \$						
Fou	ndation on back o		broker for in	formation.		transfer to Inner Wheel USA as needed to effect the transfer.	
□ Life	Life Insurance Policy – List name of insurance company, address, policy # and address listed on Policy:						
□ Oth	er: Please describ	e:					

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