



of Christian living for seniors.

The Heritage Club Legacy Society Member Profile

Please complete your Member Profile, so that we may welcome you into the Heritage Club.

Name(s):	
Date o	f Birth: Date of Birth (Spouse):	
Addres	ss:	
City: _	State: Zip:	
Home	Phone: Cell Phone(s):	
Email(s):	
	ould be honored to recognize your generosity as a member of The Heritage Club. (Neither amount signation, if provided, will be included on the listing.)	
	I/We would like others to be encouraged by my/our example, I/we hereby give permission for my/our name(s) to be listed. I/we would like my/our name(s) to appear as:	
	 I/We are honored to be included; however, I/we prefer to remain anonymous. Please do not include my/our name in any listings. 	
	I/We also would be interested in sharing my/our story with others.	
I/we h	ave made a gift to Atherton in my/our estate plan in order to support their mission to enrich the lives	

This form is non-binding and does not constitute a legal promise of any future donation to Atherton. It is understood that bequests are revocable and that your estate plans may change.

Please complete all fields and/or attach the relevant document page(s) describing your gift and return to:

Atherton

Attn: Kimberly S. Flowers, Chief Development Officer

214 South Atlantic Boulevard

Alhambra, CA 91801

Phone: 626.863.1704 * Email: ksflowers@abh.org

Tax ID #95-1683861

Please check all that apply:	
I/We have made a gift to Atherton through	my/our:
Will or living trust	
☐ Life insurance policy(ies)	
☐ Retirement account(s)	
☐ Financial or investment account(s)	
• • • • • • • • • • • • • • • • • • • •	
☐ Charitable trust	
Prefer not to say	
My/Our gift is stated as:	
☐ A specific amount of \$	
A specific amount of 5	% (currently, this may result in a gift of \$
A percentage girt of	% (currently, this may result in a gift of \$
☐ A gift of the following property:	
(currently, this property has a value o	† \$)
Prefer not to say	
Signature:	Date:
Signature:	Date:
(Optional)	
(Optional)	
My/Our Executor is:	
Name(s):	
Company (if applicable):	
Addross	
Address:	
City:	State: Zip:
, -	r
Phono: Email	•