

Name			Date of Birth_
Firs	st	Last	mm/dd/yyyy
Spouse/Partner			Date of Birth
Firs	st	Last	mm/dd/yyyy
Address			
City		_State	Zip
Phone Number		_Email	
			ds of Vanessa Behan, I am/we are
naming Vanessa Behan as a			ad actata valva f
			ed estate value \$
Name of Attorney, Personal Repr			tal asset value \$
•			
		of current total asset value \$ of current asset value \$	
☐ Other Asset			sset value \$
Sample Language for Will or	Living Trust	, , ,	gift amounts are not published) ne Ave, Spokane, WA 99202, tax ID # 91-
1196575, for the purpose of (genera	al support or specify	y)."	
My Legacy Story			
Vanessa Behan is proud to celebra	te legacy commitm	ents through special	recognition in our Legacy Society.
☐ Please do not publish my name			
☐ I/We want to inspire others to give	ve. Include my name	e on Legacy Society d	donor lists (amount not published)
Please indicate on the line above h	ow you would like yo	our name(s) to appea	ar for recognition & publication purposes
Signature			Date
Signature			Date
Vanessa Behan Representative Sig	nature		

As the donor(s), I am/we are making this commitment in good faith, but may elect to change it at any time and future unforeseen circumstances could alter the ultimate legacy gift.