

# Tell Us About Your Legacy Gift **C O N F I D E N T I A L**

*Thank you for your generous commitment to the Portland Interscholastic League (P.I.L.) Hall of Fame. Your legacy gift will help support the athletic programs and facilities of Portland public high schools.*

Please take time to fill out this form so we can better understand your intentions for your gift. The information you provide is not legally binding, and we understand that you may wish to change your gift in the future.

**Questions?** Contact Jeff Dunn at 503-504-9424 or at [pilhalloffame@gmail.com](mailto:pilhalloffame@gmail.com) Forms available at [www.pilhalloffame.org](http://www.pilhalloffame.org)

---

Name(s): \_\_\_\_\_

Year(s) of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School : \_\_\_\_\_ Year Graduated: \_\_\_\_\_

*You may receive occasional updates from P.I.L. Hall of Fame. We will not sell, rent, or exchange your contact information.*

### **About Your Gift**

If you are willing to disclose more information about your gift, please check all that apply and estimate the value of each gift in today's dollars.

<input type="checkbox"/> Will: \$ _____	<input type="checkbox"/> Insurance Policy: \$ _____
<input type="checkbox"/> Revocable Living Trust: \$ _____	<input type="checkbox"/> Real Estate: \$ _____
<input type="checkbox"/> Charitable Remainder Trust: \$ _____	<input type="checkbox"/> Retirement Plan/IRA: \$ _____
<input type="checkbox"/> Other asset(s): \$ _____	\$ _____

Please print your name(s) as you would like it to appear in our recognition materials.

\_\_\_\_\_

\_\_\_ I/we wish to remain anonymous for this gift.

**Please return this form to** P.I.L. Hall of Fame, ATTN: Jack Bertell, 9355 SW Camille Terrace, Portland, OR 97223 or by email [jrbertell@gmail.com](mailto:jrbertell@gmail.com)

**Signature(s):**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_