



## Action Alliance Legacy Circle Donation and Challenge Notification Form

*Yes, I'd like to join the Action Alliance Legacy Circle! I've made a planned gift to the Action Alliance and want to unlock a \$200 donation to the coalition today.*

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Spouse/Partner's Name: \_\_\_\_\_  
Spouse/Partner's Email Address: \_\_\_\_\_  
Spouse/Partner's Birthday: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Please include as much or as little information as you feel comfortable sharing.**

I've included the Action Alliance in my/our estate planning by:

\_\_\_ naming the Action Alliance in my/our will for \_\_\_% or \$\_\_\_\_\_.

\_\_\_ naming the Action Alliance as a beneficiary of my/our insurance policy at  
\_\_\_\_\_ for \_\_\_% or \$\_\_\_\_\_.

\_\_\_ naming the Action Alliance as a primary/contingent (circle one) beneficiary of  
me/our retirement account at  
\_\_\_\_\_ for \_\_\_% or \$\_\_\_\_\_.

\_\_\_ naming the Action Alliance as a primary/contingent (circle one) beneficiary of  
my/our bank account at \_\_\_\_\_ for \_\_\_% or \$\_\_\_\_\_.

\_\_\_ Other, please specify: \_\_\_\_\_  
\_\_\_\_\_.

Is there anything else you'd like to share with us about your gift? \_\_\_\_\_  
\_\_\_\_\_.

I/We'd like to be listed as: \_\_\_\_\_  
or, \_\_\_ please list me/us "Anonymous"

Please return this form to the Virginia Sexual and Domestic Violence Action Alliance at  
1118 W. Main Street, Richmond, VA 23220 or email [give@vsdvalliance.org](mailto:give@vsdvalliance.org).  
Questions? Contact Elizabeth Wong at 804-377-0335 or [give@vsdvalliance.org](mailto:give@vsdvalliance.org).