



I/We wish to be recognized with membership in the A. Norman Webb, Jr. Legacy Society and would like to join with other members to ensure the continued growth of US Lacrosse and the US Lacrosse Foundation.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ E-mail: _____

I have provided for the future of lacrosse in the following manner:

- Bequest through Will or Trust
- Assignment of Retirement Plan Assets
- Charitable Lead Trust
- Gift of Life Insurance
- Charitable Remainder Trust
- Other: _____

I have attached a copy of the page or paragraph that describes my/our future gift provision.

The estimated current dollar value of my gift is:

- Less than \$10,000
- \$10,000 +
- \$25,000 +
- \$50,000 +
- \$100,000 +
- \$250,000 +
- \$500,000 +
- \$750,000 +
- \$1,000,000 +

My gift is intended to be used as:

- An unrestricted gift with best use determined by the organization.
- _____

Recognition:

- You have permission to use my/our name(s) in all A. Norman Webb, Jr. Legacy Society published lists in the following manner: _____
- I/we wish to remain anonymous and DO NOT want include my/our names in published lists.

Signature

Signature

Date of Birth

Date of Birth

**Please mail completed form to:
US Lacrosse
113 West University Parkway
Baltimore, MD 21210**

**Or you may fax to:
Director of Financial Development
410-366-6735**

One for all.



The US Lacrosse Foundation