



ASCE Foundation Legacy Society  
Declaration of Intent

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

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

City, ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

As an expression of my desire to support programs and initiatives that enhance quality of life and promote the civil engineering profession, it is my intent to name the ASCE Foundation in my legacy plans with a(n) revocable/irrevocable (circle one) gift.

**Type of Gift**

I have included a gift to the ASCE Foundation (Tax ID 13-1635293) through:

- |   |  |
|---|--|
| <input type="checkbox"/> Will/Trust/Bequest     | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> IRA or Retirement Plan | <input type="checkbox"/> Securities            |
| <input type="checkbox"/> Bank Account           | <input type="checkbox"/> Other: _____          |

**OR**

I plan to include a gift to the ASCE Foundation (Tax ID 13-1635293) through:

- |   |  |
|---|--|
| <input type="checkbox"/> Will/Trust/Bequest     | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> IRA or Retirement Plan | <input type="checkbox"/> Securities            |
| <input type="checkbox"/> Bank Account           | <input type="checkbox"/> Other: _____          |

**Gift Intent & Value**

I would like my gift to be:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Unrestricted | <input type="checkbox"/> Restricted*: _____ |
|---------------------------------------|---|

My gift is currently valued at \$\_\_\_\_\_ which is:

- |   |   |
|---|---|
| <input type="checkbox"/> A specified amount | <input type="checkbox"/> A percentage: _____% |
|---|---|

**Recognition**

- ☐ I wish to be recognized as a member of the ASCE Foundation Legacy Society to help encourage others to make a legacy gift.

Name(s) as you wish to be listed: \_\_\_\_\_

- ☐ I prefer that my gift be anonymous.

- ☐ My gift is made in memory/honor (circle one) of:

\_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please send your completed form to:  
ASCE Foundation, 1801 Alexander Bell Drive, Reston, VA 20191-4382  
Or fax to: 1-866-924-9414  
Please contact us at: 703/295-6342 with any questions.

\*Please discuss all restricted gifts with a Foundation representative to ensure your intent can be honored.

For office use only.

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