



Our Living Legacy Gift

Name(s) _____

Street _____

Town _____

State _____ Zip Code _____

Phone _____

My/Our Total OLLy Gift is: \$ _____

Amount to be paid in:

Year 1 (7/1/2019 – 6/1/2020) \$ _____

Year 2 (7/1/2020 – 6/1/2021) \$ _____

Year 3 (7/1/2021 – 6/1/2022) \$ _____

Signature(s) _____

It is understood that the above pledge may be revised
should your circumstances change.