



Webb Legacy Society

WEBB LEGACY SOCIETY FORM

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 and success of USA Lacrosse and USA Lacrosse Foundation.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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

- | | |
|--|--|
| <input type="radio"/> Bequest through Will or Trust | <input type="radio"/> Gift of Life Insurance |
| <input type="radio"/> Assignment of Retirement Plan Assets | <input type="radio"/> Charitable Remainder Trust |
| <input type="radio"/> Charitable Lead Trust | <input type="radio"/> Other: _____ |

The estimated current dollar value of my gift is:

- | | |
|---|---|
| <input type="radio"/> \$10,000 - \$24,999 | <input type="radio"/> \$250,000 - \$499,999 |
| <input type="radio"/> \$25,000 - \$49,999 | <input type="radio"/> \$500,000 - \$749,999 |
| <input type="radio"/> \$50,000 - \$99,999 | <input type="radio"/> \$749,999 - \$999,999 |
| <input type="radio"/> \$100,000 - \$249,999 | <input type="radio"/> \$1,000,000+ |

My gift is intended to be used as:

- ☐ Unrestricted Support (Area of Greatest Need)
- ☐ Center for Sport Science & Safety
- ☐ Diversity, Equity & Inclusion Initiatives
- ☐ First Stick Program
- ☐ U.S. National Team Program

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 to include my/our names in published lists

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

Signature

Signature

Date

Date

Please Send Completed Form to

Email: Chris Dax, cdax@usalacrosse.com

Mail: USA Lacrosse, Foundation, VP of Philanthropy, 2 Loveton Cir, Sparks, MD 21152