



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(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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

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

The estimated current dollar value of my gift is:

- | | |
|---|---|
| ☐ \$10,000 - \$24,999 | ☐ \$250,000 - \$499,999 |
| ☐ \$25,000 - \$49,999 | ☐ \$500,000 - \$749,999 |
| ☐ \$50,000 - \$99,999 | ☐ \$749,999 - \$999,999 |
| ☐ \$100,000 - \$249,999 | ☐ \$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 of Birth _____

Date of Birth _____

Today's Date _____

Today's 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