



**Application For Participating Non-Profits in the LEAVE A LEGACY® program**

Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

Name of Contact Person(s) \_\_\_\_\_

Phone Number of Organization or Contact Person(s) \_\_\_\_\_

Web Address of Organization \_\_\_\_\_

Email Address of Organization or Contact Person(s) \_\_\_\_\_

Are you registered as a Non-Profit with the State of Virginia?

Yes  No

Do you have a Board of Directors or Oversight Committee?

Yes  No

Name of President or Chair of such Board or Committee \_\_\_\_\_

Does your Organization presently have an Endowment or Reserve Fund?

Yes  No

Does your Organization wish to be a partner in the LEAVE A LEGACY® - Thomas Jefferson Area Program?

Yes  No

Would you like for a representative of LEAVE A LEGACY® to meet with your staff, Board or oversight committee to discuss the LEAVE A LEGACY® program and Planned Giving?

Yes  No

Do you want your Organization to be hyperlinked to [LeaveALegacyTJA.org](http://LeaveALegacyTJA.org)?

Yes  No

If your organization does not have a web site do you want your Email address or Phone number included on the LEAVE A LEGACY® web site?

Yes  No

Enclosed is twenty-five dollars (\$25) for membership participation.

Yes  No

Make checks payable to LEAVE A LEGACY® - Thomas Jefferson Area

Mail to: LEAVE A LEGACY® - Thomas Jefferson Area  
806 E. High Street  
Charlottesville, VA 22902