



**Application for Sponsoring Organization 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) \_\_\_\_\_

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 and/or phone number included on the LEAVE A LEGACY® web site?

Yes  No

Would you like for a representative of LEAVE A LEGACY® to meet with you/your staff to discuss the LEAVE A LEGACY® program and Planned Giving?

Yes  No

List me/my firm under the following category:

Attorney

CPA

CLU/ChFC

Financial Planner

Investment Advisor

Stock Broker

Trust Officer/Services

Other (Specify)

Enclosed is our one hundred dollar (\$100) sponsoring fee (This is a one time fee)

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