



Pemaquid Watershed Association's

Pemaquid Watershed Legacy Society

MEMBER INFORMATION

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~ *Confidential* ~

TO: Donna Minnis, Executive Director
Pemaquid Watershed Association
PO Box 552 Damariscotta, ME 04543

FROM (name & address): _____

I/We have named Pemaquid Watershed Association (PWA) as a beneficiary as follows:

- Will Retirement Account Private Foundation Trust Other

Gift Description: _____

Purpose of Gift: Endowment Fund.
 Unrestricted.
Use determined by PWA for current needs or endowment.
 Restricted.
Please identify program(s) or intended use, as specifically as possible: _____

◆ What has motivated you to make this gift? Please share your thoughts, insights, or stories about why Pemaquid Watershed Association's work is important to you.



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**With your planned gift to Pemaquid Watershed Association,
we welcome you to the *Pemaquid Watershed Legacy Society!***

I/We agree that you may use my/our name(s) in the PWA Annual Report and other PWA publications as a *Pemaquid Watershed Legacy Society* member. PWA may publicly acknowledge my/our motivations in order to encourage others to consider philanthropic planning. Please list me/us exactly as written below:

I/We wish to remain anonymous. Please do not list my/our names.

However, you may use my/our reasons for giving without attribution or identifying information.

Trustee/Executor/Personal Representative (Optional):

Name _____

Address _____

City, State, Zip Code _____

Telephone Numbers _____

Email _____

◆ **Additional information or comments:**

Signed

Date

Signed

Date

***Thank you for helping PWA plan for the future with your generosity
and by sharing this important information with us!***

This sheet documents donor intent and in no way serves to legally bind the donor.