INNER WHEEL U.S.A. FOUNDATION, INC.
BENEFACTOR INFORMATION

Directions: The individual or corporation gifting funds to the Inner Wheel U.S.A. Foundation completes this form. Two (2) copies should be completed and signed. One copy should be returned to the Foundation. The second copy should be filed with your estate planning documents. The Foundation appreciates your contribution and the interest you have shown in our cause. Please be sure to sign both copies. ***We respect your privacy. We will not share your name or address with any third party without your consent.***

INDIVIDUAL BENEFACTOR

Legal Name:_____ Date: _____
Last First Middle
Address: _____
Street Apt. PO Box
_____(___)_____
City State Zip Home Phone
Email Address(optional)_____

I hereby grant a representative from the Inner Wheel U.S.A. Foundation, Inc. access to any and all information and documents associated with this donation (bequest).

Signature of Benefactor: _____

Spouse or Personal Representative Name:_____Phone: (____)_____

CORPORATE OR BUSINESS BENEFACTOR

Legal Name: _____ EIN #_____

Address:_____
Street PO Box
_____ (___)_____Ext.____
City State Zip Code Phone

Authorizing Officer:
Name:_____ Title:_____

TYPE OF DONATION: (please check)

- ☐ **Bequest of $_____.**
- ☐ **Traded Stock in the amount of _____ shares of _____. (Sign stock transfer to Inner Wheel U.S.A. Foundation on back of stock or contact your broker for information. We will assist you as needed to effect the transfer. Funds will be transferred to IWUSA Brokerage Account.**
- ☐ **Life Insurance Policy – List name of insurance company, address, policy # and address listed on Policy: _____**
  _____
- ☐ **Other: Please describe:_____**

OPTIONAL INFORMATION (Please check)

- ☐ Inner Wheel U.S.A. Member: Club Name_____
- ☐ Rotarian: Club Name_____
- ☐ Spouse/Family Member/Friend of Inner wheel U.S.A. Member or Rotarian

Please send contribution or request for information to:
Inner Wheel U.S.A. Foundation, Inc. , P.O. Box 3414, Haines City, FL 33845-3414 EIN #58-1849058

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