



Legacy Society Member Commitment

Please complete the form below to be recognized as a member of the Legacy Society.

*Indicates a required field

First Name: * MI:

Last Name: *

Address: *

City, State, Zip: *

Telephone: * Email: *

Executor or Trustee Info:

Contact:

Please check one:

EIS may include my (and, if applicable, my spouse's) name in Legacy Society listings. Neither the amount nor the designation, will be included on the listing. Please list me/us as follows:

I am honored to be included in the Legacy Society; however, I prefer to remain anonymous. Please do not include my/our name in Legacy Society listings.

Estimated current value: as of (date)

The following information is optional:

Please tell us more about your estate provision for Emergency Infant Services.

I have named Emergency Infant Services as a beneficiary of my:

- Will/Trust for:
 - a specified amount
 - a specified percentage
- Life Insurance Policy
- Charitable trust
- IRA or retirement plan

Other (please specify):

My gift is:

Unrestricted Designated for:

Signature (electronic): Date:

Although this gift intention is meant as a firm commitment, I understand that my intention may be withdrawn for any reason, that market conditions may alter the value, and that it is not the policy of EIS to press in the event of unforeseen circumstances which would make fulfillment a hardship on my/our family or heirs. If your intentions change, please contact us.

Please return the completed form by selecting the submit email button below. If you prefer to mail the form, please select print form below and mail to Mary Ellen Evans-Opstein, Development Director of Emergency Infant Services, 222 South Houston Avenue, Tulsa, Oklahoma 74127