Legacy Circle

YOUR **LEGACY**.
OUR **FUTURE**.

Membership Form

As an indication of my/our desire to provide a legacy of support to The Family Institute at Northwestern University, I hereby inform The Family Institute at Northwestern University that I/we have made a provision for a gift in my/our estate plan. I understand that this commitment is revocable and can be modified by me/us at any time.

The Family Institute at Northwestern University recognizes all those making long-term provisions for it or any of its programs as members of its Legacy Circle.

All information shared will remain strictly confidential, used solely for internal purposes by The Family Institute at Northwestern University, and does not create a legal or financial obligation.

DONOR INFORMATION

A legacy gift to The Family Institute ensures lasting change. Your generosity expands access to care, equips the next generation of clinicians, and fuels research that shapes the future of therapy.

Lifelong friends of The Family Institute have joined our **Legacy Circle** by making a gift through their estate plan, demonstrating their lasting commitment to The Family Institute at Northwestern University. These gifts provide vital financial support for our mission.

Full Legal Name(s): _____

_____

Address: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

DESCRIPTION OF GIFT

- ☐ Bequest through Will or Revocable Trust
- ☐ Charitable Trust
- ☐ Real Estate
- ☐ IRA or Retirement Plan
- ☐ Other
- ☐ My/Our Provision Names The Family Institute at Northwestern University as the Beneficiary.
- ☐ I/we understand that, by stating an amount, my/our Estate is not legally bound by this statement, and I/we may choose to add, subtract or revoke this bequest at any time, at my/our sole discretion.

DONOR RECOGNITION

- ☐ Yes, you may recognize me/us in donor lists and at events. Please list my/our name as follows:

_____

_____

_____

- ☐ I/We Prefer to remain anonymous during our lifetimes, but you may recognize me/us after my/our gift matures.
- ☐ I/We prefer to remain anonymous.

PURPOSE OF FUTURE GIFT

My/Our future gift is intended to support The Family Institute at Northwestern University in one of the following ways:

☐ **General Support** – to be used where the need is greatest at The Family Institute at Northwestern University.

☐ **Restricted** – to be used for the following purpose(s):

- Bette D. Harris Family & Child Clinic
- Scholarship Support
- Other: _____

  _____

ESTIMATED AMOUNT OF GIFT

☐ My/Our future gift is estimated to be in the amount of: $_____

Note: Gifts with an estimated value exceeding $150,000 are eligible for enhanced recognition and benefits. Upon receipt of your completed Legacy Circle Membership Form, a designated staff member from The Family Institute will contact you to review available recognition options and to formally document the details of your gift intention. All information shared will be treated with the highest level of confidentiality and will be recorded in a manner that ensures your philanthropic intentions are honored in perpetuity.

Signature of Donor(s): _____

_____

Date: _____

Legacy Circle

Please return this completed form to The Family Institute via mail or email.

Thank you for including The Family Institute in your estate plans!

THE FAMILY INSTITUTE at Northwestern University

The Family Institute at Northwestern University
444 N Michigan Ave., 30th Floor, Chicago, IL 60611
312-609-5300
Advancement@family-institute.org

The Family Institute is a 501(c)3 organization.
Federal Tax ID 37-1265883
All gifts are tax deductible to the extent allowed by the law.