BOY SCOUTS OF AMERICA
NATIONAL CAPITAL AREA COUNCIL

DONOR INTEREST/PLEDGE FORM

ENDOWMENT GIFTS

I would like to preserve and protect Scouting for the youth of today and every tomorrow. I am pleased to notify NCAC of the following pledge/gift:

- **James E. West Fellowship**
  - ☐ Bronze: $1,000+ ☐ Silver: $5,000+
  - ☐ Gold: $10,000+ ☐ Diamond: 15,000+
  - ☐ I would like to make a one-time donation to NCAC of $_____.
  - ☐ I would like to make a donation to NCAC of $_____ over _____ years.
- **Second Century Society**
  - ☐ $25,000+ ☐ $100,000+
  - ☐ $500,000+ ☐ $1,000,000+
  - ☐ I would like to make a one-time donation to NCAC of $_____.
  - ☐ I would like to make a donation to NCAC of $_____ over _____ years.
- **Presidents Leadership Council**
  - ☐ $1,000,000+ ☐ $5,000,000+ ☐ $10,000,000+
  - ☐ I would like to make a one-time donation to NCAC of $_____.
  - ☐ I would like to make a donation to NCAC of $_____ over _____ years.

**In addition to the BSA recognition items, NCAC recognizes its James E. West Endowment Fellows with an engraved brick at Marriott Scout Service Center. Once a pledge form has been received, a NCAC staff member will be in touch with details.*

OTHER CHARITABLE GIFT OPTIONS

I am pleased to notify NCAC of the following gift or intention (please check any that apply):

☐ I have included a bequest to NCAC in my present will.

☐ I intend to change my will in the near future to include a bequest to NCAC.

☐ I have named NCAC as the beneficiary of an insurance policy on my life.

☐ I intend to name NCAC as the beneficiary of an insurance policy on my life.

☐ To benefit NCAC, I have created a:

☐ Revocable Trust ☐ Irrevocable Trust

☐ To benefit NCAC, I intend to create a:

☐ Revocable Trust ☐ Irrevocable Trust

☐ I have already made another form of gift arrangement to be effective at my death. *Please describe*: _____

_____

☐ I intend to make another form of gift arrangement to be effective at my death. *Please describe*: _____

_____

☐ Please contact me regarding my intent.

RECOGNITION

☐ You may publicly acknowledge and recognize this gift.

☐ Please treat this information as confidential and do not acknowledge it at this time. In telling you of my intention, I do not intend to create any legal obligation to NCAC either personally or for my estate. It is simply a statement of my present intentions and I have the option to change my plans at any time. It is provided solely to assist NCAC in its future financial plans.

CONTACT AND/OR PAYMENT INFORMATION

NAME _____

CO/ORG _____

ADDRESS _____

City _____ ST _____ Zip _____

Day Ph _____ Eve Ph _____

Email _____

☐ Invoice/Bill me. Please contact me to schedule this.

☐ Check (#_____) for $_____

Please put ENDOWMENT in the Memo section.

☐ Credit Card (circle one): Visa / MC / AMEX / Discover

Card # _____

Exp. Date _____ CID_____ Billing Zip Code _____

For more of specific details
about each gifting opportunity, please contact:

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NCAC, BSA is a 501(c)3 organization. Contributions are tax deductible to the extent permitted by law.