To achieve the vision and purpose of the establishment of the Marca Bristo Legacy Chair, I/we pledge to pay the amount indicated below according to the schedule noted.

**Total Gift:** $______________

- [ ] I/We will fulfill this gift in whole or part through a Bequest: ____________________________.
- [ ] I/We will fulfill this pledge over:
  - [ ] 1 year (2021)
  - [ ] 2 years (2022)
  - [ ] 3 years (2023)
  - [ ] 4 years (2024)
  - [ ] 5 years (2025)

**Payment Amount:** $________________ to begin on ____________, 20____

### GIFT PAYMENT INTENTIONS

I/We plan to make my/our contribution in the form of:

- [ ] Check
- [ ] Donor Advised Fund
- [ ] Bequest
  
Please make checks payable to **Access Living** and send to:

**Access Living (Attn: Legacy), 115 W Chicago Ave, Chicago, IL 60654**

- [ ] Stock
- [ ] ACH/Wireless Payment

Please contact Director of Development Barbara Khalouf (BKhalouf@AccessLiving.org / 312.640.2198) for assistance.

### RECOGNITION

I/We understand that the knowledge of our gift may encourage support from other donors. How should we list your contribution?

(as it should appear in printed materials)

- [ ] I/We wish to remain anonymous. Please do not list my/our name.

### DONOR SIGNATURE

Signature ___________________________ Date ________________

Access Living is a 501(c)(3) organization and contributions are deductible as provided by law.

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