



METROPOLITAN YMCA OF THE ORANGES

139 East McClellan Avenue
Livingston, NJ 07039

Tax ID Number: **22-1487387**

STANDARD BEQUEST FORM

Full Name: _____

Date of Birth: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Country Information (if applicable): _____

I have made provision(s) for the **Metropolitan YMCA of the Oranges** in my estate plan:

- I give, devise, and bequeath to the **Metropolitan YMCA of the Oranges in Livingston, NJ**, the sum of \$ _____ or _____ % (percent) of the remainder of my estate to be used by the YMCA:
 - For Unrestricted Purposes
 - For the benefit of the (branch name) _____ YMCA
 - Designated Purpose (Please specify) _____
- Outright Gift of: ___ Cash ___ Stock ___ Property - Please Specify: _____
- Life Insurance Policy - \$ _____
- Charitable Gift Annuity
- Charitable Remainder Trust
- Pension Plan (IRA, 401K) Remainder
- Other: _____

Signature: _____ Date: _____

Please submit this form with attachments that further describe your provision(s). For assistance or additional information, please contact:

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Director of Development
Metropolitan YMCA of the Oranges
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Livingston, NJ 07039
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