



I/We are committed to the sustainability of Greater Harleysville and North Penn Senior Services (EIN 23-1968819) and its mission to provide access to programs and services that help older adults live independently and remain active. As an indication of my/our support, I/we commit to the following:

- Donate \$_____ annually for a minimum of 5 years to GHPSS.
 - I will make this gift in one payment annually via check or electronic payment.
 - I will make this gift in one payment annually via a Donor Advised Fund.
 - I would like to set up a payment plan.
- Provide a legacy gift to GHPSS through my will, an insurance policy, or charitable trust/annuity.
 - The current value of GHPSS's future interest is \$_____ or _____% of total estate (*optional*).
 - This gift is made with the understanding that the value(s) of the above-referenced asset(s) is subject to change.

In recognition of this commitment, GHPSS agrees to acknowledge you as a member of the Paul Nye Legacy Society with the following benefits*:

- Recognition on GHPSS website.
- Recognition on signage hung at Encore and PEAK.
- Receive monthly mailed newsletter.
- Receive quarterly Executive Director update.
- Option to be highlighted in "Donor Spotlight" included in newsletter and on website.

**Benefits vary depending on gift level and can be tailored through conversations with GHPSS staff.*

Please recognize me as follows in the Legacy Society:

Examples: Mr. and Mrs. John Smith - Mary and John Smith - The John Smith Family

I/We wish to remain anonymous.

Unless stated below, your gift will be used at the discretion of the Executive Director and Board of Directors where most needed to sustain the organization.

Signature _____

Date _____

Printed Name _____

Signature _____

Date _____

Printed Name _____

Address _____

Email _____

Phone _____

**Please sign and return this form to GHPSS, 312 Alumni Avenue, Harleysville, PA 19438.
Questions? Contact Liz Beil, Executive Director, at 215-256-6900 ext. 201 or ebeil@ghnpss.org**