

Reading Recovery®Council of North America

First Name	Middle Name	Last Name	Date of Birth
Spouse First Name	Spouse Middle Name	Spouse Last Name	Date of Birth
Home Street 1	Home Street 2	Home City S	tate Zip
Home Phone	Work Phone		
My/our will and other estate planning documents, which include a provision for The Reading Recovery Council of North America, were executed on:			
Type of Bequest: Specific Amount Percent of Estate (%) Remainder of Estate			
To help RRCNA plan for the future: The approximate amount of my/our gift to The Reading Recovery Council of North America is: This gift is unrestricted Please call me to discuss			
My attorney's name is: First N	Jame Mic	ddle Name Last N	Vame
Firm Name		Phone	
Street Address 1	L	Street Address 2	
City	[State	Zip
Other advisors are: Work Phone:			
Addresse:			
Address: Street	City	State	Zip
☐ I/We would prefer the terms of this gift to remain anonymous until it is realized.			
Please contact me to discuss how to use this gift to encourage others to make a bequest.			
Signature		Date	