



**The Legacy Alliance**  
Enrollment Form

Name: \_\_\_\_\_

Address: (street) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: (street) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Approximate Amount of Bequest: \$ \_\_\_\_\_

I have made plans to benefit the Westie Foundation of America, Inc., in my will/estate and give my permission to list my name as a supporter of the Westie Foundation of America Legacy Alliance.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_