



*The Legacy Alliance*  
Enrollment Form

**WESTIE FOUNDATION OF AMERICA, INC.**

33101 44<sup>th</sup> Avenue NW  
Stanwood, WA 98292-7106

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

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

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

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

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 member of the Westie Foundation of America Legacy Alliance.

Signature \_\_\_\_\_

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

Date \_\_\_\_\_

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