



I would like to help BORP continue to change lives.

Adaptive sports and recreation programs have a profound impact on participants' health, sense of well-being, and overall quality of life. For many people living with physical disabilities and visual impairments in the Bay Area, BORP offers the only chance to participate in accessible and adaptive recreational activities.

For these reasons, I have made a provision to leave a legacy of support for BORP in my estate plans. I understand that this future commitment can be revoked or modified by me at any time.

tills ratare commit	differe can be revoked of t	nounce by me at any time.		
I have made a pro	vision through my (please	select all that apply):		
☐ Will		☐ Retirement plan or IRA ☐ Other		
☐ Living Trust		☐ Life In	☐ Life Insurance policy	
Your Name		Spouse or partn	Spouse or partner name	
Address, City, Stat	re ZIP			
Phone		Email address	Email address	
(BORP will keep a	ll information about your	gift confidential.) I understand that I	value of my future gift is \$ oy stating an amount my estate is not this bequest at any time, at my sole	
Recognitio	n			
	ke to be listed as blications as a charter me	mber of the BORP Legacy Fund.	on the BORP website and in	
☐ I would like to	remain anonymous memb	per of the BORP Legacy Fund. Please	do not list my name anywhere.	
 Date	Your signature	Spouse.	/partner signature	