ADOLESCENT COUNSELING SERVICES
strength through support

Legacy Giving Society

First Name:_____

Last Name:_____

Legacy Society:

- I have already left ACS in my Estate Plans
- I plan to leave ACS in my plans
- I am interested in learning more:
    - Contact Me
        - Phone:_____
        - Email:_____

I would like my name added to Legacy Society in printed materials.____

Return this form to development@acs-teens.org