



Legacy Giving Confidential Enrollment Form

Please print of type:

Name(s): _____

Mailing Address: _____

City/State/ZIP Code: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Relationship with Sonoma Ecology Center:

- | | | |
|---|---------------------------------|------------------------------------|
| <input type="checkbox"/> Board of Directors (current or past) | <input type="checkbox"/> Client | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Staff (current or past) | <input type="checkbox"/> Donor | <input type="checkbox"/> Friend |

Gift Information:

- | | |
|--|---|
| <input type="checkbox"/> Bequest (or living trust) | <input type="checkbox"/> Charitable Remainder Annuity Trust |
| <input type="checkbox"/> Dollar Amount | <input type="checkbox"/> Charitable remainder Unitrust |
| <input type="checkbox"/> Stock or Property | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Percentage Bequest | <input type="checkbox"/> IRA/Retirement Plan Beneficiary |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Residuary Bequest |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Pooled Income Fund |
| <input type="checkbox"/> Gift of Residence or Farm with Retained Life Estate | |

Please indicate the approximate current market value of the planned gift named above: \$ _____ (optional, will be treated as confidential)

The gift is:

- Unrestricted
- Restricted as follows: _____
- I wish to remain anonymous

Signature: _____ Date: _____

Send to Tiffany Wing, Donor Relations Manager, PO Box 1486, Eldridge CA, 95431
707-996-0712 ext. 103 | tiffany@sonomaecologycenter.org