

Legacy Giving Confidential Enrollment Form

Name(s)	
Mailing Address	
City/State/ZIP Code	Daytime Phone Evening Phone
Email	
Relationship with Sono	ma Ecology Center
☐ Community Member	
☐ Donor	
☐ Board of Directors (cu	rrent or past)
☐ Staff (current or past)	
Gift Information	
☐ Client	☐ Gift of Residence or Farm with
☐ Donor	Retained Life Estate
☐ Volunteer	☐ Charitable Remainder Annuity
☐ Friend	Trust
☐ Bequest (or living trus	Charitable remainder Unitrust
☐ Dollar Amount	☐ Charitable Lead Trust
☐ Stock or Property	☐ IRA/Retirement Plan Beneficiary
☐ Percentage Bequest	☐ Residuary Bequest
☐ Life Insurance Policy	☐ Pooled Income Fund
☐ Charitable Gift Annui	у

Please indicate the approximate current market	value of the planned gift named
above \$ (optional, will be treated as	s confidential).
The gift is	
☐ Unrestricted	
☐ Restricted as follows	
□I wish to remain anonymous	
□ Other	
Signature	Date
Send to:	
Sonoma Ecology Center	
c/o Tiffany Wing, Associate Director and Deve	lopment Director
PO Box 1486, Eldridge CA, 95431	
tiffany@sonomaecologycenter.org	
707 363 0010	