



LEGACY CIRCLE MEMBER PROFILE

Please fill out the form below and send to Assistance League of Sacramento, Attention: Planned Giving Chairman, P.O. Box 60874 Sacramento, CA 95860

\*Required Information - (Minimum cash donation-\$1,000.00; minimum donation of securities-\$5,000.00)

First Name\* MI Last Name\*

Address\*

City/State/Zip\*

Email\* Telephone

Please check one:

[ ] Assistance League of Sacramento may include my name and (if applicable) my spouse's name in Legacy Circle listings. (Full confidentiality will be preserved as to the amount or designation.) Please list me/our names as follows in any public listing:

[ ] I am honored to be included in Legacy Circle. However, I prefer to remain anonymous. Please do not include my/our name in Legacy Circle listings.

Please tell us more about your provision for Assistance League: I have named Assistance League of Sacramento as a beneficiary of my:

- Will for: [ ] A specified amount [ ] A specified percentage \_\_\_\_%
Trust for: [ ] A specified amount [ ] A specified percentage \_\_\_\_%
Life Insurance Policy [ ] Charitable Remainder Trust
IRA or retirement plan [ ] Other (please specify)

My gift is:

- [ ] Designated for the Endowment Fund
[ ] Designated for: (specify purpose) \_\_\_\_\_
[ ] Unrestricted

Estimated Current Value \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_