

YES, I accept your invitation to join the Legacy Circle for the Children's Museum of Sonoma County.

I look forward to receiving invitations to special events, and having my name included as a member (or anonymous) in Children's Museum of Sonoma County publications.

Please use the following name(s) for recognition:

I wish to remain anonymous to the public.

Use this gift for:

as determined by CMOSC when received



Please sign and date this form for our records

Signature

date

I do not wish to join the Legacy Circle.

Do not send a certificate

Do not send token gifts

Phone _____

Email _____

Call time(s): morning afternoon evening

I/We, _____, have made a provision for (organization) in our estate plan in the following way(s):

Charitable bequest

percentage (___%) residual (___%) specific _____ contingency

Charitable gift annuity

Charitable remainder trust

Beneficiary designation*

retirement plan life insurance

stocks or bonds checking account

savings account commercial annuity

donor advised fund

Optional:

Amount of gift _____

Copy or excerpt of document enclosed

Date of birth _____

* Administrator contact for gift completion

name _____

company _____

phone _____

plan # _____

Other _____

I have notified the following professional advisor(s) of this gift:

city state zip