



Legacy Circle Enrollment Form

Name _____

Phone _____ Email Address _____

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 Legacy Circle member.

Legacy Circle Listing: _____ I wish to be anonymous

Funds from my bequest should be used:

Where most needed For the following designated purpose: _____

The following person (attorney, CPA, financial planner, etc.) has been notified about this gift:

Name _____ Profession _____

Address _____ City _____ State _____ Zip _____

Executor/Trustee (if known):

Name _____ Phone/Email _____

Bequest Details

The Children's Museum would be grateful to receive a copy of any relevant pages from your will, trust or other document, as well as any notes about contingencies.

Charitable Bequest:

Stated/Specific Gift Amount of Gift: _____

Percentage of Estate (___%) Residual Estate (___%). Birth Date: _____

Beneficiary Designation

Retirement plan: _____

Financial/Investment acct(s): _____

Life insurance: _____

Other asset(s): _____

Other Options: Charitable Gift Annuity Charitable Remainder Trust Retained Life Estate

Signature _____ Date _____

This form is non-binding and does not constitute a legal promise of any future donation to the Children's Museum of Sonoma County. We understand that bequests are revocable and that your estate plans may change.

Please return this form to: Children's Museum of Sonoma County, P.O. Box 6141, Santa Rosa, CA 95406