California COMMUNITY Foundation | Sartori Circle

CONFIDENTIAL

Sartori Circle Legacy Society

Official Membership Form

Thank you for your intention to fulfill your charitable legacy in partnership with the California Community Foundation (CCF). This form will also allow us to honor you as a member of the **Sartori Circle**, CCF's Legacy Society.

This document does not bind you or your estate. By signing this form, you are simply acknowledging your current plans to benefit CCF in the future and giving us guidance as to your wishes.

CCF recognizes that gift plans may change over time, and we hope you will consider notifying us of any relevant changes in your plans. We very much appreciate your expression of support for CCF and its important mission.

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

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Please describe the nature of your gift:

- ☐ Will
- ☐ IRA or Other Retirement Account.
- ☐ Life Insurance Policy.
- ☐ Revocable "Living" Trust
- ☐ Charitable Remainder Trust
- ☐ Other: _____

Please provide an estimate of the current value of your deferred gift to CCF:

The estimated value of the gift will remain confidential and will not be published or listed.

- ☐ Minimum $10,000
- ☐ $10,000 to $100,000
- ☐ $100,000 - $500,000
- ☐ $500,000 - $1 million
- ☐ $1 million - $5 million
- ☐ $5 million - $10 million
- ☐ $10 million and above
- ☐ Other: _____

What organizations(s) and/ or cause(s) would you like to support with your Legacy gift?

Our staff is ready to assist in creating a personalized giving plan.

Listing

CCF recognizes that estate planning is a highly personal matter. Only those donors who give permission will have their names recognized, such as in the *Annual Report, Publications, Website and listed on the donor wall* as members of the Legacy Society.

☐ I/We would like others to be encouraged by my/our example, I/we hereby give permission for my/our name(s) to be recognized as follows:

Donor Wall (First and Last Name): _____
(Not to exceed 32 characters, including punctuation)

All Other Publications (First and Last Name or Fund Name): _____

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☐ I/We also would be interested in sharing my/our story with the Los Angeles community on the CCF Website or publications.

☐ I/We would like to remain anonymous and prefer that my/our name(s) not be published.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

To Submit:

Email us at **legacy@calfund.org**, or contact your relationship manager.

Thank you for your interest in joining the Sartori Circle.