



THANK YOU for joining our Legacy Circle.

Please let us know how you would like to be recognized on our website and Legacy materials:

I/We wish to remain anonymous to the public.

Please sign and date this form for our records

Signature

Signature

date

Phone _____ Email _____

I/We have made a provision for Sonoma Valley Catalyst Fund 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 stocks or bonds savings account donor advised fund
 life insurance checking account commercial annuity

* Administrator contact for gift completion

Name _____ Phone _____

Other _____

Optional (and confidential):

Amount of gift _____

Company _____

Copy or excerpt of document enclosed

Plan # _____

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

Name

Profession

Address

City state zip

Please return this form to Barbara Wells at info@sonomavalleycatalystfund.org.