



HEALTHCARE
FOUNDATION
NORTHERN SONOMA COUNTY

PLANNED GIVING COMMITMENT FORM

The Healthcare Foundation **Legacy Circle**, our planned giving program, is a community of thoughtful supporters who are leaving a transformational gift towards creating health equity in northern Sonoma County.

I/we would like to create a legacy of health equity for all and have included the Healthcare Foundation Northern Sonoma County in my/our estate plans.

Name(s): _____

Address: _____

Email: _____ Phone: _____

Please recognize me/us as a **Legacy Circle** member as:

 I/we wish to remain anonymous

Please indicate your method of planned giving below:

Gift By Will Gift By Revocable/Living Trust Advisory Gift From Donor Advised Fund

Retirement Plan Beneficiary Life Insurance Beneficiary Charitable Remainder Trust

Charitable Lead Trust Gift of Stock Other _____

This gift will be:

Distribution of specific amount \$ _____ Gift of a specific asset _____

A percentage of the residuary of my estate, trust, or retirement plan/life insurance % _____

Please add any details you wish to share: _____

All information provided will be kept in the strictest of confidence and will be used for internal planning purposes only. We understand that you may need to use estimates rather than exact figures.

Purpose of the planned gift to Healthcare Foundation Northern Sonoma County

Unrestricted gift to provide maximum flexibility for the Healthcare Foundation to use for greatest need.

For a specific purpose/program _____

Signature: _____ Date: _____

Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your planned giving intentions with your professional financial advisor. Healthcare Foundation Northern Sonoma County is a tax-exempt nonprofit recognized by section 501 c(3) of the internal Revenue Code. Tax ID #68-0474109. Contributions are deductible as allowed by law.