



HEALTHCARE
FOUNDATION
 NORTHERN SONOMA COUNTY

LEGACY CIRCLE

PLANNED GIVING COMMITMENT FORM

The Healthcare Foundation **Legacy Circle**, our planned giving program, is a community of thoughtful supporters who leave 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 planned gifts are unrestricted to provide maximum flexibility for the Healthcare Foundation to use for greatest need.

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.