

# Legacy Circle

## Circle of Sisterhood Foundation, Inc.

As evidence of my desire to provide a legacy of support to the Circle of Sisterhood Foundation, I am pleased to inform you that I intend to leave a gift to the Circle of Sisterhood in my estate plans. I understand that this commitment is revocable and can be modified by me at any time. I will let the Circle of Sisterhood know if my plans change.

Names(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Birthdate (MM/DD/YEAR) \_\_\_\_\_

**It is my intent to leave a legacy gift for the benefit of the Circle of Sisterhood Foundation**  
*(Please check all that apply).*

- I have planned a bequest of \$ \_\_\_\_\_ of my estate to the Circle of Sisterhood in my will\*.
- I have named the Circle of Sisterhood as the beneficiary of \_\_\_\_% of [ the residual of] my estate\*.
- The trustee of my Living or Charitable Remainder Trust\* is instructed to distribute \$ \_\_\_\_\_, or \_\_\_\_\_% of the remaining corpus of the trust, to the Circle of Sisterhood.
- Other plans: \_\_\_\_\_

**Please enroll me in Circle of Sisterhood’s LEGACY CIRCLE under the following conditions:**

- You have permission to publish my name in relation to the LEGACY CIRCLE as a motivation for others to leave similar types of gifts to benefit the Circle of Sisterhood.
- I wish for my membership in the LEGACY CIRCLE to remain anonymous.

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Please **PRINT CLEARLY** exactly how you would like your name(s) to read on donor lists if applicable.

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**Date** \_\_\_\_\_ **Donor Signature** \_\_\_\_\_

\*It is helpful to the Circle of Sisterhood Foundation when you share supporting documentation that references the Foundation specifically and/or provide approximate bequest amounts. Your cooperation allows LEGACY CIRCLE to engage in long-range planning and some asset allocation. Any documentation provided will be kept in strict confidence and physically secured.

