

Legacy Society Gift Form

Yes, I accept your invitation to join the San Francisco SPCA	Legacy Society.
Name(s):	Year of Birth
Address:	
City, State, Zip:	
Phone:Email:	
Tell us what inspired your decision to include the SF SPCA a	s a beneficiary:
Gift Information: The information you provide is not legally bi	nding and you may wish to change your gift in the future.
WILL/TRUSTS	OTHER ASSETS
□ Will: \$or %	□ Retirement Plan/IRA: %
☐ Revocable Living: \$or %	□ Donor-Advised Fund: %
☐ Charitable Remainder: \$or %	☐ Savings/Other acct.: %
□ Charitable Lead: \$or %	☐ Insurance Policy: %
	□ Real Estate: %
☐ Copy or excerpt of document enclosed (optional)	Is your gift contingent? □ Yes □ No
Recognition: Legacy Society members are recognized in SF S	PCA's annual report and donor wall.
Please list my (our) name(s) as:	
$\ \square$ I wish to remain anonymous to the public. Please do not list	st my name.
Signature(s):	
	Date:
	Date:
Professional Estate Advisor: □ Attorney □ Fiduciary □ F	inancial Advisor □ Other
Name of Firm/Company:	
Name of Contact(s):	
Address:	
City, State, Zip:	
Phone: Email:	