



LEGACY SOCIETY MEMBERSHIP

P.O Box 1200, Santa Barbara, CA 93102-1200

Name _____

Mailing Address _____

City, State, Zip _____

Telephone, FAX _____

Email _____

YES, I/We have made a provision for Sansum Clinic in my/our will or estate plan.

Type of Provision:

1. Bequest in Will:

- a. Specific Dollar Amount \$ _____
- b. Specific Property (please describe) _____
\$ _____
- c. Share of Residue of the Estate (_____%) \$ _____

2. Trust, Annuity or Other Provision:

- a. Charitable Remainder Trust _____
\$ _____
- b. Charitable Lead Trust _____
\$ _____
- c. Charitable Gift Annuity _____
\$ _____
- d. Life Estate _____
\$ _____
- e. Pooled Income Fund _____
\$ _____

3. Beneficiary of a Life Insurance Policy \$ _____

4. IRA, 401K or other Retirement Funds _____ \$ _____

5. Other (please describe) _____
\$ _____

I/We wish to be acknowledged as a Member(s) of the Legacy Society. Yes No

Please recognize me/us as a Member(s) of the Legacy Society in the following way:

(i.e., Mr. & Mrs. Don Smith or Don & Susan Smith or The Smith Family, The Smith Family Trust, The Smith Foundation)

Attachments or letters that further describe the above provision(s) are welcomed. We would also appreciate it if you would consider providing a copy of the section of the will or trust in which Sansum Clinic is named. In the event of unforeseen circumstances that cause a change in the above estate planning provision(s), I will notify Sansum Clinic of such change. Thank you.

Date

Signature

Revised May 15, 2015