



Legacy League Enrollment Form

I / We have remembered Sonoma Land Trust in my/our estate plans as described below and wish to join the Legacy League.

Name(s): _____

Address: _____

City, State and Zip Code: _____

Phone Number(s): _____

Email Address: _____

- I / We have named Sonoma Land Trust as a beneficiary of a will or trust.
- I / We have named Sonoma Land Trust as a beneficiary in one or more of the following:
 - IRA, pension or other retirement account (e.g., 401(k) or 403(b) plans)
 - Charitable Remainder Trust
 - Life Insurance Policy
 - Other (please specify): _____

Approximate value of gift (optional): _____

Signature: _____ Date: _____

Recognition options for your Legacy League membership:

- Please list my /our name(s) as shown below when the Legacy League member list is published:

Name(s): _____

- Please do NOT list my / our name(s) as I / we wish to remain anonymous.

(Please see next page)

I/We have notified the following professional advisor(s) of this gift:

Name	Name
Profession	Profession
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Email	Email

Any Notes:

For additional information, please contact Shannon Nichols at (707) 526-6930, ext. 140 or email shannon@sonomalandtrust.org.

Kindly fill out this form and return to Sonoma Land Trust using the information provided above. Please also keep a copy for your own records.