



## 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

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For additional information, please contact Camille Matson at (707) 582-8950 or email [camille@sonomalandtrust.org](mailto:camille@sonomalandtrust.org). If needed, our fax number is (707) 526-3001.

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.