



## LEGACY SOCIETY MEMBERSHIP FORM

(I/We) are pleased to inform the Development Office that **Senior Friendship Centers** is named and included in (my/our) estate plan. (I/We) understand that membership in the Legacy Society of Senior Friendship Centers requires providing basic contact and demographic information as completed below. (I/We) understand there is no obligation to provide details of the estate plan or related documents, unless (I/We) desire to do so. [Please complete both sides of sheet.]

### **Your name and name of your spouse/partner – if both are joining:**

First and last name (s) \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_ E-Mail address \_\_\_\_\_

Date of birth of each member: \_\_\_\_\_

### **Attorney, Financial Advisor or Personal Representative:**

Check one: \_\_\_\_\_ Attorney \_\_\_\_\_ Financial Advisor \_\_\_\_\_ Personal Representative

First and last name \_\_\_\_\_

Firm \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail address \_\_\_\_\_

### **Close friend or extended family member:**

Check one: \_\_\_\_\_ Friend \_\_\_\_\_ Family Member (specify relationship) \_\_\_\_\_

First and last name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ I/We authorize the Senior Friendship Centers to use (my/our) names in Legacy Society publications, Annual Reports, or SFC marketing efforts.

\_\_\_\_\_ I/We want to remain anonymous.

\_\_\_\_\_ I/We designate our eventual Legacy gift to be used in the following manner:

\_\_\_\_\_ To be used where needed most.

\_\_\_\_\_ To support a specific program or service as named below:

Program \_\_\_\_\_ County \_\_\_\_\_

**Please check any applicable to your legacy gift:**

\_\_\_\_\_ Donor Advised Fund          \_\_\_\_\_ Gift Annuity          \_\_\_\_\_ Life Insurance

\_\_\_\_\_ Trust, please specify type: \_\_\_\_\_

\_\_\_\_\_ Will                                  Other \_\_\_\_\_

Estimated Amount/Value of Gift: \$ \_\_\_\_\_ or

Percentage of Estate/Trust to Be Allocated: \_\_\_\_\_

\_\_\_\_\_ I/we have made provisions for a gift but prefer to keep it confidential.

**Date:** \_\_\_\_\_

**Signature of Legacy Member (s):** \_\_\_\_\_

**Please return in the enclosed envelope or**

Senior Friendship Centers  
Attn: Kathy Pappas, Senior Advancement Director  
1888 Brother Geenen Way  
Sarasota, FL 34236

**Thank you for being a member of the Legacy Society!**

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