



## SAN MATEO COUNTY HISTORICAL ASSOCIATION DR. STANGER LEGACY SOCIETY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birth Year: \_\_\_\_\_

*I/We have made a legacy gift to the San Mateo County Historical Association as indicated below:*

- ☐ Will
- ☐ Life Insurance Policy or Retirement Plan Beneficiary Designation.
- ☐ Trust in which San Mateo County Historical Association is named as a beneficiary.
- ☐ Deferred Gift (i.e. Charitable Gift Annuity, Charitable Remainder Trust, Charitable Lead Trust, etc.)
- ☐ Other (please describe): \_\_\_\_\_

Please designate: San Mateo County Historical Association EIN# 23-7186194.

We welcome the opportunity to assist you in any way possible with your estate plans. Please feel free to include any documents that refer to the San Mateo County Historical Association as a beneficiary. We will retain this in our confidential files as a record of your intention.

Including the San Mateo County Historical Association in your estate plans qualifies you for membership in our Legacy Society. We will be honored to invite you to annual Legacy Society events and include you in Society materials unless you indicate otherwise.

☐ Yes I/we would like to join The Legacy Society. Please list my/our names as follows: \_\_\_\_\_

☐ I/we wish to remain anonymous.

☐ Please have someone contact me about making additional estate plans.