



LEGACY GIVING CLUB ENROLLMENT FORM

In consideration of the impact that C-SNIP has on the lives of at risk dogs, cats their guardians and our community, I/we have made provision for a gift to C-SNIP in my/our estate plan. Understanding that the C-SNIP leadership has established The Legacy Club to recognize individuals who made such a commitment, I/we are pleased to authorize the C-SNIP to include me/us as a member of its Legacy Club.

Please print or type

Title _____ Name _____ Name of Spouse _____

Date of birth _____ Spouse Date of birth _____

Address _____

City _____ State _____ Zip Code _____

Name (s) for recognition purposes _____

Daytime Phone _____ Evening Phone _____
(Please include area code)

E-Mail Address _____

Relationships with C-SNIP

- Board of Directors (current or past)
- Friend
- Other _____
- Founder
- Staff _____
- Volunteer _____

Gift Information

I/we qualify for The Legacy Club through the following planned gift:

- Bequest (or Living Trust)
 - Dollar amount
 - Stock or property
 - Percentage bequest
 - Residuary bequest
- Charitable Gift Annuity
- Charitable Remainder Annuity Trust
- Life Insurance/Bank account beneficiary
- IRA/Retirement Plan Beneficiary
- Life Insurance Policy

Please indicate the approximate current market value of the planned gift named above:

\$ _____ (Will be treated as confidential)

The gift is:

- Unrestricted
- Restricted as follows: _____
- I/ we wish to remain an anonymous member of The Legacy Club.

Signature: _____ Date: _____

Office use only:

Reported by: _____ Date: _____