



YES, I accept your invitation to join the Hillsborough Schools Foundation (HSF) Legacy Society. I look forward to receiving invitations to special events, and having my name included as a member (or anonymous) in *HSF's* publications.

Please use the following name(s) for recognition:

I wish to remain anonymous to the public.

Please sign and date this form for our records:

Signature _____ Date _____

I(We), _____, have made a provision for *HSF* in my estate plan in one of the following ways:

charitable bequest

percentage ____% residual ____% specific _____ contingency

charitable gift annuity

charitable remainder trust

other _____

Amount of gift (optional) _____

Date of birth (optional) _____

Email _____

Phone _____ Call time(s) morning afternoon evening

Beneficiary designation*

retirement plan life insurance stocks or bonds checking account

savings account commercial annuity donor advised fund

* Administrator contact for gift completion: Name _____

Company _____

Phone _____

Plan # _____

For our records, please attach a photocopy excerpt of the document specifying HSF as a beneficiary. I have notified the following professional advisor of this gift:

Name _____

Profession _____

Address _____

City, State Zip _____

Phone _____