San Antonio Area Foundation

LEGACY GIFT WELCOME QUESTIONNAIRE

Kindly complete this page to provide additional details for the San Antonio Area Foundation regarding your Legacy gift. We want to ensure we understand your intentions for your gift and how you wish to be recognized. We are incredibly grateful for your generosity.

Contact Information

Name _____ Date of Birth _____

Address _____ City _____ State _____ ZIP Code _____

Phone _____ Email _____

Spouse/Partner Name _____ Spouse/Partner Date of Birth _____

Type of Gift

I/We have named the community foundation as a beneficiary in my/our:

- ☐ Will/Trust
- ☐ Retirement Plan
- ☐ Life Insurance Policy
- ☐ Other *(please specify below)*
- ☐ Payable on Death Account
- ☐ Charitable Remainder Trust
- ☐ Charitable Gift Annuity

_____

_____

Amount of Gift

The estimated value of my/our gift will be $ _____ or _____ % of my estate/retirement plan/life insurance policy.

Purpose of Gift

- ☐ Unrestricted to be used for the area of greatest community need
- ☐ Designated for *(interest area, specific nonprofit or fund name)*

_____

_____

- ☐ Not yet determined. Please contact me to discuss.

Recognition of Gift

- ☐ I/We wish to remain anonymous and do not wish to be recognized publicly at this time.
- ☐ You may include my/our name(s) in donor recognition materials. In materials, I/we wish to be referred to as:

_____

Please print how you would like your name(s) to appear.

- ☐ You may share a photo of me/us on the Area Foundation's Dia de los Muertos altar in the future. I will send my/our favorite photo.

Completed?

Please mail completed form to:
Attn: Laura Giacomoni
The San Antonio Area Foundation
155 Concord Plaza Dr, Ste 301
San Antonio, TX 78216

or save this and email it to **lgiacomoni@saafdn.org**