



## **LETTER OF INTENT FOR A FUTURE (ESTATE) GIFT**

NAME			DATE OF BIRTH
NAME (IF JOINT GIFT)			DATE OF BIRTH
ADDRESS			
CITY		STATE	ZIP
TELEPHONE		E-MAIL	
It is my/our intention		_	dba College of Marin, through my/our:
○ Will	<ul> <li>Retirement Plan Assets</li> </ul>	C Life In:	surance Policy
<ul><li>Living Trust</li></ul>	<ul><li>Charitable Remainder Trust</li></ul>	Other:	:
O Please designate	any time you make changes or adjustmenths the gift to benefit the following purpose this gift where the need is greatest.  In memory of On honor of	-	
-	n the College of Marin 1926 Legacy So	ciety under the fo	ollowing conditions:
O Please publish n	ny/our name(s) on your list of Legacy S penefit the College of Marin. I/We wish	ociety members a	as an inspiration for others to leave
O Do not publish r	my/our name(s) on any donor list. I/We	prefer to remain	anonymous.
SIGNATURE			DATE
SIGNATURE (IF JOINT G	IFT)		DATE

College of Marin is a 501(c)(3) non-profit organization. Marin Community College District Federal Tax ID 68-0194359.