## **Shoreline Public Schools Foundation Legacy Society Confirmation**

l,			, certify that I have
	ny estate, as shown		(a 501 (c)(3) entity), as h to become a member
nature of this inf	blic Schools Foundat ormation and assure cation will be made p	s that only tho	the highly personal se details designated
My bequest wil	be funded by:		
Will	Living Trust	Charitable	Remainder Unitrust
IRA/401k	Life Insurance	Other	
Anticipated am	ount of bequest is	US \$	or
	% of my estate.		
I wish to be red	of its contingent gif	ft as follows:	
The Shoreline	Public Schools Foun	dation may pul	olish my name.
I would like m reports, and rem	_	m all publicatio	ns, including annual
<u>Name</u>			
(Please print)			
Address			
(Street)			
(City)		(State)	(Zip Code)
Date of Birth _	/ / Eı	mail	
Telephone (Hor	ne)	(Cell)	
Signature		Date	