LEGACY CIRCLE ENROLLMENT

Signature



То:	Sacramento State Attn: Planned Giving Office		
	6000 J Street, Room 118 Sacramento, CA 95819-6030	or fax to: (916) 278-5709	
From:	Name:		Birthday:/
	Name:		Birthday://
	Phone: ()	e-mail:	
estate	plans. By virtue of including The U	ors those special donors who have in Iniversity Foundation at Sacrament In de honored to enroll you as a me	o State* in your estate plans through
	ncramento State Legacy Circle men ions to special University events.	nber, you will be recognized with a	special certificate, lapel pins, and
I/We I	nave remembered Sacramento S Bequest in our Will, Living Trus Individual Retirement Account Charitable Remainder Trust or Charitable Lead Trust Life Insurance Policy Other	st or Testamentary Trust (IRA), Bank Account or Qualified Charitable Gift Annuity	l Retirement Plan Account
	ould like to include your name on ou ate your special support of Sacramo	ur Legacy Circle membership rolls t ento State.	o encourage others to give and to
	I/We would like my/our name(s) to appear as:	
	I/We prefer to remain an anonymous member(s) of the Legacy Circle.		
	I/We prefer not to join the Legacy Circle at this time.		
	 Optional: Enclosed is a copy of the relevant portion of my/our will or other document. Optional: I/We would like additional information about planned giving opportunities, including those 		
	that could pay us an income.		
Signate	ure		 Date

*The University Foundation at Sacramento State (formerly the CSUS Trust Foundation) is the philanthropic arm of the University. All gifts in support of the goals, missions, and programs of Sacramento State (including all colleges, schools, academic, and non-academic units) are gifted through the Foundation.

Date