



Legacy Society Membership Form

Please fill out and return form via mail or email to:

Reginald Duhé, Development Director
San Mateo County Community Colleges Foundation
3401 CSM Drive
San Mateo, CA 94402
duher@smccd.edu
650.378.7293

Dear Reginald,
(Check one):

- I have remembered the San Mateo County Community Colleges Foundation through a bequest in my will or trust or in some other way. Please enroll me in the Foundation Legacy Society. **You may publish my name.**

- I have remembered the San Mateo County Community Colleges Foundation through a bequest in my will or trust or in some other way. Please enroll me in the Foundation Legacy Society. **Do not publish my name.**

Name(s) (Please Print) _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____



The information below regarding your gift better enables the SMCCC Foundation to ensure your wishes will be honored. Please fill out the form below if you are comfortable doing so. Completing this section is *not* required for Foundation Legacy Society membership nor does this form have any legal force.

I (We) have provided for the San Mateo County Community Colleges Foundation as follows:

Type of gift:

Charitable bequest (Indicate type of bequest):

specific amount percentage whatever is left over (residual)

if all heirs deceased (contingent)

Charitable remainder trust

Charitable gift annuity

Retirement plan designation

Insurance designation

Pooled income fund account

Charitable lead trust

Other _____

Estimated gift value (optional) _____

Name of person or entity responsible for transfer _____

Phone number (and/or other contact information) of person or entity responsible for transfer

