

EduCare Foundation Legacy Society Enrollment Form

Statement of Future Gift Intent

Name/s as you wish it/them to appear on the EduCare Legacy Society list Address			
Preferred phone	Email		
Briefly describe your legacy gift	to EduCare Foundation, and/or attac	h a copy of the relevant docum	ent page/s.
This gift is to be unrestricte	d and may be used where the need is	greatest at EduCare.	
I/We wish to specify that th	is gift be used for the following purpo	ose:	
You may publish my/our na	me/s as a member of the EduCare Le	egacy Society.	
I/We prefer to remain anon	ymous.		
Signature		Date	
Ciana atauna		Date	
Signature		Date	

Thank you! Your vision and support are deeply appreciated.

Please return this form by mail to EduCare Foundation, Fund Development Office, 16134 Wyandotte Street, Van Nuys,

California 91406, or by email to Leah Jean, Fund Development Director, leah@educarefoundation.com.