

Giving to
RCMS

GIFT PLANNING

Confirmation of Your Legacy Gift

This form is to help you provide information about your deferred gift to RCMS. By sharing this information, you can help ensure that your gift will be used in accordance with your wishes.

Names(s): _____

Address: _____

City/State/Zip: _____

Email address: _____

Please describe your deferred gift (or attach a copy of documentation, if you prefer):

Will Revocable "Living Trust" Retirement Account Other: _____

How would you like RCMS to use your gift? _____

Please provide an estimate of the current value of your deferred gift to RCMS. All such information will be kept confidential. This estimate does not bind you or your estate in any way.

Estimate: _____

Legacy Circle: Your deferred gift entitles you to become a member of the *RCMS Legacy Circle* and have your name listed with others who have established a similar gift to RCMS.

- Yes, I would like to be listed as a member of the RCMS Legacy Circle.
- Yes, I would like to be a member of the RCMS Legacy Circle but list my gift as "Anonymous."
- No, please do *not* include me in the RCMS Legacy Circle.

Signature Signature Date

This document does not bind you or your estate. By signing this form, you are simply acknowledging you current plans to benefit RCMS in the future and giving us guidance as to your wishes.

Please mail this form and direct any questions to:

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