

SAN MATEO COUNTY HISTORICAL ASSOCIATION DR. STANGER LEGACY SOCIETY

Name:		
Address:		
Phone:	Email:	Birth Year:
I/We have made a le	gacy gift to the San Mateo County Historical	Association as indicated below:
□ Will		
☐ Life Insurance	Policy or Retirement Plan Beneficiary Desig	gnation.
☐ Trust in which San Mateo County Historical Association is named as a beneficiary.		
☐ Deferred Gift (i.e. Charitable Gift Annuity, Charitable Remainder Trust, Charitable Lead Trust, etc.)		
☐ Other (please o	describe):	
Please designate: Sa	an Mateo County Historical Association EIN	l# 23-7186194.
include any docum	portunity to assist you in any way possible ents that refer to the San Mateo County His nfidential files as a record of your intention	storical Association as a beneficiary. We will
our Legacy Society	•	estate plans qualifies you for membership in hual Legacy Society events and include you in
☐ Yes I/we would like to join The Legacy Society. Please list my/our names as follows:		
☐ I/we wish to rem	ain anonymous.	
☐ Please have someone contact me about making additional estate plans.		