

# NCEFT LEGACY CIRCLE MEMBERSHIP FORM



The NCEFT Legacy Circle celebrates and thanks those individuals who share our vision of the future to promote dignity, healing, and opportunity for all individuals with disabilities by choosing to include NCEFT in wills, trusts, or other estate or long-term financial plans.

## STEPS TO BECOME A MEMBER OF THE NCEFT LEGACY SOCIETY:

1. **Arrange** for a planned gift through your estate, tax, or long-term financial planning professional.

2. **Inform** NCEFT of your personal wishes by returning this form to:  
**The National Center for Equine Facilitate Therapy (NCEFT)**

**Attention: Development Office**

**880 Runnymede Road, Woodside, CA 04962**

**development@nceft.org 650-851-2271 ext. 7**

## DONOR INFORMATION

Name(s): \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Print name(s) as you wish to be listed: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ I/we give permission to NCEFT to publicly recognize my/our membership in the NCEFT Legacy Circle.

\_\_\_\_\_ I/we wish our planning gift intentions to remain anonymous.

\_\_\_\_\_ I/we wish to list our gift \_\_\_\_\_ in memory of OR \_\_\_\_\_ in honor of: (name) \_\_\_\_\_

**GIFT INFORMATION (OPTIONAL):** *Some individuals choose to inform NCEFT of the nature of their planned gift, as it helps NCEFT with its long-range planning and ensures that NCEFT is able to use your gift(s) as you intended.*

I/we have provided for a future gift to NCEFT in the following way (check all the apply):

|  |   |
|--|---|
| _____ Will and/or living trust                               | Confidential Estimated Value: (optional)<br>\$ _____ or ____% remainder |
| _____ An IRA, 401(k) or other retirement plan                | \$ _____  |
| _____ IRA charitable rollover                                | \$ _____  |
| _____ Life insurance policy                                  | \$ _____  |
| _____ Real estate or other major property gift               | \$ _____  |
| _____ Charitable gift annuity, remainder trust or lead trust | \$ _____  |
| _____ Other (please specify):                                | \$ _____  |

Executor, trustee, personal representative, or company managing the gift (optional):

Name/Company Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please designate: National Center for Equine Facilitated Therapy (NCEFT) Tax ID# 94-2378104

*This form is an expression of my/our present wishes, is non-binding, and does not constitute a legal promise of any future donations to NCEFT. NCEFT understands that bequests are revocable and that your estate plans may change at any time in the future. All information will be held strictly confidential.*

**Thank you for your generous and thoughtful support.**