

NCEFT LEGACY SOCIETY



The NCEFT Legacy Society 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 JOIN 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 Facilitated Therapy (NCEFT)

Attention: Development Office

880 Runnymede Road, Woodside, CA 94062

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

Federal tax ID# 94-2378104

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(s) _____

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

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

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

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

Name/Company Name: _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

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.