

PO Box 4891, El Dorado Hills, CA, 95762 | 916 235 1344
info@edhaf.org | www.edhaf.org | Tax ID 68-0255556

I'm interested in including the El Dorado Hills Area Foundation in my legacy giving.

Name _____ Date _____

Address _____

City, State, ZIP _____

Phone _____

Email _____

Type of gift:

- Will/ Living Trust
- IRA/ Retirement Account
- Bank, Brokerage, or Other Financial Account
- Charitable Trust
- Other (please specify) _____

My future gift:

- Is a percentage of my estate and is worth approximately: \$ _____
- Is in the specific amount of: \$ _____
- I wish to keep the value of my future gift confidential

My future gift is designated to support:

- Where it is most needed at the discretion of El Dorado Community Foundation leadership
- Specific Program or Geographic Area (please specify) _____

Donor Recognition choices:

- I/we wish to remain anonymous and do not want this gift acknowledged in public.
- I/we would like to be acknowledged as a member of the Legacy Program.

Please mail this form to El Dorado Hills Area Foundation at:
El Dorado Community Foundation
312 Main Street, Placerville, CA 95667
For more information, call (916) 235-1344

