



# California Academy of Sciences Estate Gift Intention Form

*Thank you for providing the information below to confirm your estate gift intention and join the Eastwood Associates. Please return your completed form via email or postal mail to the Planned Giving Department by June 30, 2022, to qualify for the Legacy Match Challenge.*

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

Birthdate(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_

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

**Please provide your first and last names as you would like it to appear in donor recognition. Sharing your name today may inspire others to follow your lead.**

- I/We wish to remain anonymous to the public until the gift is received.
- I/We wish to remain anonymous to the public in perpetuity.

**Please sign and date this section to confirm your Eastwood Associate recognition preference.**

Signature	Date	Signature	Date
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I/We have included the California Academy of Sciences in our estate plan in the following ways:

- Charitable bequest in my/our will or trust
- Beneficiary of my/our retirement plan, bank accounts, or other financial asset
- Other: \_\_\_\_\_

Please briefly describe your gift: \_\_\_\_\_

I/We would like this gift to be used as follows (select one):

- to support the Academy's highest priorities and greatest needs.
- to support the Academy's mission with a lasting gift to the endowment.
- I would like to speak with the Planned Giving Department about other allocations.

**To qualify for the Legacy Match Challenge, provide a copy of your gift documentation that lists the Academy.**

**Optional:** I/We have notified the following family member(s) and/or professional advisor(s) of this gift:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Company (if applicable)

\_\_\_\_\_  
Company (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & ZIP

\_\_\_\_\_  
City, State & ZIP

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

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