

Foothill-De Anza Foundation Legacy Circle Form

Name	
Address	
Phone Email	Birth Year
I/We have made a legacy gift to the Foothill-De	Anza Foundation as indicated below:
☐ Will - Please designate: Foothill-De Anza C EIN# 94-3258220.	Community Colleges Foundation
Life Insurance Policy or Retirement Plan Be	eneficiary Designation.
Trust in which Foothill-De Anza Foundatio	on or one of the colleges is named as a beneficiary.
Deferred Gift (i.e. Charitable Gift Annuity, Trust, etc.	Charitable Remainder Trust, Charitable Lead
Other (please describe)	
	ny way possible with your estate plans. Please feel Foundation as a beneficiary. We will retain this in on.)
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Including Foothill-De Anza in your estatour Legacy Circle. We will be honored to events and include you in Circle materia	, , , , , , , , , , , , , , , , , , , ,
Yes I/we would like to join The Legacy Circ	cle. Please list my/our names as follows:
☐ I/we wish to remain anonymous.	
☐ Please have someone contact me about ma	ıking additional estate plans.