

Tallahassee Senior Center Foundation Planned Gift Notification



I / we are pleased to acknowledge that my / our estate plans include a gift to:

Tallahassee Senior Citizens Foundation, Inc.
1400 N Monroe St., Tallahassee, FL 32303
Tax ID number: 59-2040638

Name (printed) _____

Spouse's Name _____

Street Address _____

City _____

State _____ ZIP Code _____

Phone: _____ Email _____

Date of Birth _____ Spouse's Date of Birth _____

Signed _____ Date _____

- Tallahassee Senior Citizens Foundation has permission to list me/us as member(s) of the Legacy Circle.
- Please do not include my/our name(s) in public listings of Legacy Circle members.

My/our gift to Tallahassee Senior Citizens Foundation is through (please check all that apply)

- Will
- Living Trust
- Retirement Plan / IRA / 401(k)
- Life Insurance Policy
- Charitable Trust
- Other _____

Name of Attorney or Financial Planner that provided services _____

Optional:

Please direct our legacy gift in the following way(s):

- To be used where most needed at the Tallahassee Senior Citizens Foundation
- To the Tallahassee Senior Citizens Foundation endowment
- As a donation for a particular program: _____

Please return to:
Sheila Salyer, Director
Tallahassee Senior Center Foundation
1400 N Monroe Street
Tallahassee, FL 32312

If you wish to share with us, please provide copies of any relevant pages that include provisions for the Tallahassee Senior Citizens Foundation.