

LEAVING A LEGACY IN THE CARMICHAEL COMMUNITY

www.carmichaelparksfoundation.org

LEGACY GIFT ENROLLMENT FORM

Name		
Address		
City	_ State	
Phone (optional)		
E-mail (optional)		
Today's date		
☐ I/we have already named Carmich	ael Parks Found	ation in my/our estate plan
☐ I/we would like to be listed as a Le	gacy donor. Ple	ase list my/our name(s) as:
☐ I/we prefer to remain anonymous.		
.,		
I/we are designating our gifts to support	ort:	
☐ general needs as determined by	the Board	
☐ youth recreational scholarships		
\square park development and beautific	ation	

Please return this enrollment form in an envelope to the following address:

Carmichael Parks Foundation Legacy Donor Program 5750 Grant Ave Carmichael, CA 95608