

Enrollment Form

The Schurig Center Legacy Society



**SCHURIG
CENTER**
For Brain Injury Recovery

I/we have included Schurig Center for Brain Injury Recovery in my estate plans.
This declaration of intent is not a binding legal obligation, and I/we may change it an any time.

Name _____

Address _____

City, State Zip _____

Email _____ Phone _____

Type of gift:

- Will / Living Trust
- Charitable Trust
- Other: _____
- IRA / Retirement Account
- Bank, Brokerage or Other Financial Account

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.

It is my wish that the gift be used to support:

- Where it is most needed at the discretion of Schurig Center's Executive Leadership
- The Endowment Fund
- Specific program: _____

My recognition preference:

- I/we permit Schurig Center to use my/our name(s) in printed lists of planned gifts, which may appear in annual reports, newsletters, web site and/or other publications.
- I (we) prefer to be anonymous during my/our lifetime. You may recognize my/our gift after you receive it.
- I/we wish to remain anonymous during and after my/our lifetime.

Signature(s) _____ Date _____

Please return to: Angela Abbey, Development
angela@schurigcenter.org
(415) 461-6771 ext. 103

Schurig Center for Brain Injury Recovery
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