

SONOMA COUNTY REGIONAL PARKS FOUNDATION

# DECLARATION OF FUTURE INTENT

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Thank you for your intention to include the Sonoma County Regional Parks Foundation in your estate plan. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

**My/Our Information:**

Name (print) \_\_\_\_\_ Spouse name (if joint gift) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Gift Information:**

I/We have provided a gift to the Sonoma County Regional Parks Foundation as set forth in my/our:

- |   |  |
|---|--|
| <input type="checkbox"/> Will or Trust  | <input type="checkbox"/> Charitable Gift Annuity   |
| <input type="checkbox"/> Life Insurance Policy                                | <input type="checkbox"/> Charitable Remainder Unitrust   |
| <input type="checkbox"/> Other Assets(s) (please describe):<br>_____<br>_____ | <input type="checkbox"/> Retirement Plan or Beneficiary Designation<br>(401(k), 403(B), IRA, Keogh, Brokerage Account) |

The current estimated value of my/our gift is \$ \_\_\_\_\_ or \_\_\_\_\_ % of the asset indicated above.

**Gift Purpose:**

It is my/our intent that the Sonoma County Regional Parks Foundation use this future gift for general support of Sonoma County Regional Parks and/or to support a specific program or park. (Briefly describe the program or park you wish to support; for example, Doran Regional Park or park programs for youth.)

\_\_\_\_\_

\_\_\_\_\_

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*Please continue to reverse side to complete the form.*

**Recognition:**

Donors who provide a planned gift to the Sonoma County Regional Parks Foundation will be enrolled in the Foundation’s Evergreen Society.

Please keep my/our gift anonymous

Please list my/our names as follows:

\_\_\_\_\_

**Estate Contact Information:**

(Although optional, the following information is very helpful.)

**Executor, Trustee  
(if your gift is through a will or trust):**

**Administering Company (ie. TIAA, Fidelity, Etc. if  
your gift is through a retirement account or  
life insurance policy):**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Additional Contact/Relationship information you may want us to know (family, attorney, etc.):**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. The Sonoma County Regional Parks Foundation understands that the size of my/our future gift may change. Please feel free to attach additional information to this document.

**Signature** \_\_\_\_\_

**Spouse Signature (if joint)** \_\_\_\_\_

**Date** \_\_\_\_\_



Please return this form to: Sonoma County Regional Parks Foundation  
2300 County Center Dr., Suite 120A | Santa Rosa, CA | 95403  
If you have any questions about this form, please contact Melissa Kelley, Executive Director  
(707) 565-1830 | email: melissa.kelley@sonoma-county.org