

LEGACY GIFT NOTIFICATION FORM

From the bottom of our hearts, thank you for including Semper Fi & America's Fund in your will, trust, or beneficiary designations. Your gift helps sustain our critical mission, allowing us to adapt programs, expand care, and respond to needs we cannot foresee. Your commitment changes lives. Thank you for sharing in our mission.

1. DONOR INFORMATION:

Full Name(s)*: _____ Phone*: _____

Address*: _____ Email*: _____

City*: _____ Spouse/Partner Name (Optional): _____

State*: _____

Zip*: _____

2. LEGACY SOCIETY RECOGNITION PREFERENCE. PLEASE SELECT ONE:

I/We welcome recognition in The Fund's
Legacy Society (name listing only; gift
details remain confidential).

I/We prefer to remain anonymous.

3. TYPE OF PLANNED GIFT (OPTIONAL):

Will or Living Trust

Retirement Account (IRA, 401(k), etc.)

Life Insurance Policy

Donor-Advised Fund

Appreciated Securities

Other: _____

4. ACKNOWLEDGMENT:

I/We understand that this legacy commitment is revocable and may be modified at any time.

Signature: _____

Date: _____

Fields marked with () are required.*



**Semper Fi &
America's Fund**

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE:

SUBMISSION INFORMATION:

Please return this completed form to:

Susan Reid, Planned Giving Specialist
Semper Fi & America's Fund
825 College Blvd, Suite 102, PMB 609
Oceanside, CA 92057

Fax: 760-725-3685

Phone: 760-994-3509

Email: susan.reid@thefund.org

*This information is kept confidential
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planning purposes. This material is
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