



Sheridan
Community
LAND TRUST

Legacy Circle Enrollment Form

I / We have remembered the Sheridan Community Land Trust in my/our estate plans as described below and wish to join the Legacy Circle.

Name(s):

Address:

City, State, and Zip Code:

Phone Number and Email Address:

- I / We have named the Sheridan Community Land Trust as a beneficiary of a will or trust.
- I / We have named the Sheridan Community Land Trust as a beneficiary in one or more of the following:
 - IRA, pension or other retirement account (e.g., 401(k) or 403(b) plans)
 - Charitable Remainder Trust
 - Life Insurance Policy
 - Other (please specify): _____

Approximate value of gift (optional, helps with our planning):

Signature: _____

Date: _____

Signature: _____

Date: _____

Recognition options for your Sheridan Community Land Trust Legacy Circle membership:

Please list my /our name(s) as shown below when the Legacy League member list is published:

Name(s): _____

Please do NOT list my / our name(s) as I / we wish to remain anonymous.

I/We have notified the following professional advisor(s) of this gift:

Name

Profession

Address

City, State, Zip

Phone

Email

Name

Profession

Address

City, State, Zip

Phone

Email

For additional information, please contact Brad Bauer at (307) 637-4702 or email director@sheridanclt.org. Kindly return a copy of this completed form to SCLT via mail or email. We recommend you keep a copy for your own records.