



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):

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Address:

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City, State, and Zip Code:

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Phone Number and Email Address:

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☐ 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):

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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@sheridanc.lt.org](mailto:director@sheridanc.lt.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.