



Sheridan  
Community  
LAND TRUST

### Legacy Circle Enrollment Form – Confidential

Thank you for your generous bequest commitment. Your Legacy Circle gift will help us plant for the future as we work to conserve and share Sheridan County's lands, history, and recreation.

**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: \_\_\_\_\_

**About Your Gift (optional but this will help SCLT with our planning):**

Will: \$ or percent \_\_\_\_\_  Insurance Policy: \$ or percent \_\_\_\_\_

Revocable Living Trust: \$ or percent \_\_\_\_\_  Real Estate: \$ or percent \_\_\_\_\_

Charitable Remainder Trust: \$ or percent \_\_\_\_\_  Retirement Plan / IRA: \$ or percent \_\_\_\_\_

Other asset (s): \$ or percent \_\_\_\_\_

Your gift to be used by SCLT for priorities unless you specify your gift to be used for a specific area or program. Would you like your gift to be used for a specific purpose?

Yes  No If yes, please explain \_\_\_\_\_

Is your Gift Contingent?  Yes  No If yes, please explain \_\_\_\_\_

Would you be willing to share documentation of your planned gift with SCLT?

**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	Name
_____	_____
_____	_____
Profession	Profession
_____	_____
_____	_____
Address	Address
_____	_____
_____	_____
City, State, Zip	City, State, Zip
_____	_____
_____	_____
Phone	Phone
_____	_____
_____	_____
Email	Email

For additional information, please contact Brad Bauer at (307) 637-4702 or email [director@sheridanclt.org](mailto: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.