

COASTAL
CONSERVATION
LEAGUE

Coastal Legacy Society
Confidential Membership Form

Name(s): _____

Date(s) of Birth: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

I/we would like to be recognized as: _____

I/we prefer this gift to remain anonymous

I/We are pleased to inform you that the Coastal Conservation League is included in my/our estate plans through:

Will or Living Trust

Retirement Plan Beneficiary

Other Trust: _____

Other: _____

Life Insurance

The estimated current dollar value of my/our gift is: _____

Specific Amount

Percentage of Estate

Remainder of Estate

This commitment is to be used for:

Unrestricted, to serve the greatest need

The Coastal Conservation League's Endowment

GrowFood Carolina

GrowFood Carolina's Endowment

Other: _____

The Coastal Conservation League understands that the information included on this form is not legally binding and that your plans and circumstances may change. You may update your information at any time.

By completing this confidential form, you will be recognized as a Coastal Legacy Society member, dedicated to improving the coastal communities and critters throughout South Carolina for generations to come.

Signature(s): _____

Date: _____

