

YOUR CHARITABLE BEQUEST

Your charitable bequest is a most important type of gift for Edgewood Center for Children and Families. When received, your bequest will be acknowledged as a gift that helps sustain our mission, serving the objectives and purposes of Edgewood Center for Children and Families.

There are four types of bequests for you to consider. The first, a percentage gift, is most flexible because it allows your gift to appreciate in value no matter what asset is used. The second, a specific bequest of an asset such as a retirement plan, results in no income taxes paid on the plan by your estate. The third type, a residual bequest, is often made after remembering relatives and friends, and usually in combination with a percentage bequest. When you place any of these first three types of bequests in your will or living trust and notify Edgewood Center for Children and Families, we will invite you to become a member of our Legacy of Hope.

Percentage:

"I give, devise and bequeath to Edgewood Center for Children and Families, Tax I.D. #94-1186168, a California not-for-profit corporation, located at 1801 Vicente Street, San Francisco, CA 94116, ____% of my estate."

Specific:

"I give, devise, and bequeath to Edgewood Center for Children and Families, Tax I.D. #94-1186168, a California not-for-profit corporation, located at 1801 Vicente Street, San Francisco, CA 94116,

Ch	oose one:	
1)	the sum of \$"	
2)	shares of stock in	Company.", or
3)	My real property commonly known as	

Residual:

"I give, devise and bequeath to Edgewood Center for Children and Families, Tax I.D. #94-1186168, a California not-for-profit corporation, located at 1801 Vicente Street, San Francisco, CA 94116, all the residue of my estate, including real and personal property."

Contingent:

"In the event of the death of any of the beneficiaries, I give, devise and bequeath to Edgewood Center for Children and Families,, Tax I.D. #94-1186168, a California not-for-profit corporation, located at 1801 Vicente Street, San Francisco CA 94116, (percentage, specific, or residual language as above)."



LEGACY OF HOPE

We are grateful to those who remember Edgewood Center for Children and Families through a bequest, life income plan, or other type of legacy gift. Your support strengthens and ensures the futures of the more than 7,000 children and their families that we serve.

When you notify us about your gift, we will enroll you in the Legacy of Hope. Members are honored in various ways. This includes invitations to special events, and recognition in various communications. When you step forward, others are encouraged to do the same, though you may choose to remain anonymous.

Should you name Edgewood Center for Children and Families in a legacy gift, we would welcome a copy of the legal document or section of the document that describes your gift. This can make estate administration easier when your gift is received.

Thank you for considering Edgewood Center for Children and Families through a legacy gift. Should you have any questions please contact Betsy York, Chief Development Officer, at 415.682.3120 or betsyy@edgewood.org. You may also contact Gregg Biggs, Major Gifts Officer at 415.375.7576 or greggb@edgewood.org.



YES, I accept your invitation to join Edgewood Center for Children and Families' Legacy of Hope.

I look forward to receiving invitations to special events and having my name included as a member (or anonymous) in Edgewood publications.

	Please use the following name(s) for recognition:		
	<u> </u>		
	☐ I wish to remain anonymous to the publ		
	_		
	Please sign and date this form for our records		
	Signature	Date	
OR			
	I do not wish to join the Edgewood Legac	cy of Hope.	
			- mlan fan
	I,, hat Edgewood Center for Children and Famil		
	charitable bequest	,	
	percentage (%) residual (_	%) 🗖 specific	_ n contingency
			_
	charitable gift annuity	beneficiary designati	on*
	charitable remainder trust	retirement plan	
	other	life insurance	
	Optional	stocks or bonds	
	Amount of gift	checking account	
	Copy or excerpt of document enclosed	savings account	
	Date of birth	_	
	Email	commercial annuity*Administrator contact information	
		(request for gift comp	
	Phone	name	
	I prefer to be called:	company	
	morning afternoon evening phone		
		plan #	
	I have notified the following professional adv	visor(s) of this gift:	
	name name		
	profession	profession	
	address address		
	city state zip	city state zip	