



Legacy Giving Circle

Enrollment Confirmation Form

Name(s) _____
Address _____
City, State Zip _____
e-mail _____
day ph _____ evening ph _____

MALT is in my estate plan through *(check all that apply):*

- Will
- Trust
- Real estate
- Insurance policy
- Retirement account
- Other: _____

My official documents are filed with *(check all that apply):*

- My attorney
- My accountant
- My financial planner

His/HerName _____
Organization Name _____
Address _____
Telephone _____ Email _____

Estimated value of bequest: \$ _____

___ YES. Acknowledge me as a member of MALT’s Legacy Giving Circle in MALT’s annual report and other publications. I would like to be listed as: _____

___ NO. I prefer to remain anonymous.

THANK YOU!

Please return to:
Marin Agricultural Land Trust
P.O. Box 809
Pt. Reyes Station CA 94956