



East County Senior Center
Legacy Society
Membership Form

Name _____ Birth date ____/____/____
mm / dd / yyyy

Name _____ Birth date ____/____/____

Address _____ City _____ Zip _____

Phone _____ Email _____

- _____ I have included a gift to the East County Senior Center Legacy Fund in my Will.
- _____ I have named the East County Senior Center Legacy Fund as the beneficiary of an insurance policy on my life.
- _____ I wish to establish a Charitable Remainder Trust or Charitable Annuity with the ECSC Legacy Society – please contact me.
- _____ I have arranged to make the following gift to be effective at my death. *Please describe:*

Estimated total amount of gift: \$ _____ or _____ % of Estate

Gift Recognition: Your gift qualifies you for membership in our East County Senior Center Legacy Society. We are honored to recognize you in our materials. Please list the exact way your name should be listed (Jane and John Doe, Mr. John Doe, anonymous, etc.):

Signature _____ Signature _____

For more information or assistance please contact our Executive Director at (360) 794-6359 or director@eastcountyseniorcenter.org

Please return this form to:
Executive Director
East County Senior Center
P.O. Box 602
Monroe, WA 98272
FAX : (360) 794-0570