

**FCL *Legacy Circle* Confidential Enrollment Form**

In recognition of the impact Full-Circle Learning (FCL) has on the capacity of children, youth and teachers in transforming communities and learning environments, I/we have made provision for a gift to FCL in my/our estate plan. Understanding that the Full-Circle Learning Board of Directors has a special designation for individuals who made such a commitment, I/we are pleased to authorize Full-Circle Learning to include me/us as a member of The Legacy Circle Giving Program.

**Please print or type**

 Name of

Title Name Spouse

Address

City State Zip Code

Name(s) for recognition purposes

Daytime Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Please include area code with telephone numbers)**

**Relationships to Full-Circle Learning**

[ ] Board of Directors (current or past)

[ ] Alumnus

[ ] Teacher/Educator

[ ] Friend of Full-Circle Learning

[ ] Staff

[ ] Volunteer

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_

**Gift Information**

**I/we qualify for The Legacy Circle through the following planned gift:**

[ ] Bequest (or Living Trust)

[ ] Dollar amount

[ ] Stock or property

[ ] Percentage bequest

[ ] Residuary bequest

[ ] Charitable Gift Annuity

[ ] Charitable Remainder Annuity Trust

[ ] Charitable Remainder

Unitrust

[ ] Deferred Charitable Gift Annuity

[ ] IRA/Retirement Plan Beneficiary

[ ] Gift of Residence or Farm with Retained Life Estate

[ ] Charitable Lead Trust

[ ] Life Insurance Policy

**Please indicate the approximate current market value of the planned gift:
$** (Response optional and confidential.)

**The gift is for:**

[ ] Unrestricted use Restricted for the following project/s:

**[ ] I/ we wish to remain an anonymous member of The Full-Circle Learning Legacy Program**.

**Special instructions or information regarding the timing of the gift, contact name of the financial or legal liaison, etc.:**

Signature: Date: \_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members of the Legacy Circle Giving Program may receive, upon request:

-Free Full-Circle Learning publications, reports, newsletters, music or other current materials

-Recognition in the annual report

-A wall plaque (optional)

-The comfort of having invested in the future capacity of the global community

**To enroll**, file a copy with your financial advisor and send your form to Full-Circle Learning, 17512 Brewer Road, Grass Valley CA 95949. For more information, contact info@fullcirclelearning.org.