

LEGACY GIFT INITIATED - IN HONOR OF MATT GARCIA

As evidence of my/our desire to provide a legacy of support to **The Late Fairfield City Councilman Matt Garcia Legacy, Keeping the Dream Alive, That Supports Youth, Helps Stop Crime and Strengthen our Community's**, through **THE MATT GARCIA FOUNDATION. A legitimate IRS 501 C Non Profit Charitable Organization Tax ID # 26-3904201**

I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans. I/we understand that this commitment is revocable and can be modified by me/us at any time.

It is my/our intent to leave a legacy gift to The Matt GARCIA Foundation through my/our:

- Will Living Trust Retirement Plan Assets
- Charitable Remainder Trust Life Insurance Policy Other

My/our gift is restricted or not restricted in support of (Examples):

_____ **Mentorship Endowment Fund: to ensure Mentorship Resources for future generations**

_____ **Establish Endowment Funds: to ensure Matts Garcia Values live for Generations to Come**

I/we wish to inform you for long-term purposes only that, as of this date, the value of my/our gift is

\$_____.*

(If your gift is a percentage of your estate, please indicate the approximate value of that percentage.) I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. The Matt Garcia Foundation kindly requests notification any time you make changes or adjustments to your gift.

I agree to have my/our name(s) published on lists of legacy donors as a motivation for others to leave a future gift to benefit Keeping The Dream Alive of Fairfield City Councilman matt Garcia through **THE MATT GARCIA FOUNDATION. A legitimate IRS 501 C Non Profit Charitable Organization Tax ID # 26-3904201 (Note: The amount of your gift is not published and remains confidential)**

List your name(s) as you would like it (them) in print.

Donor Signature _____ Date _____

Donor Signature _____ Date _____

Print Name (S) _____ Phone: _____ Email: _____

Address _____

City _____ State _____ Zip _____