

Join the Legacy Society

Share Your Legacy with Stepping Stones – Historic Home of Bill & Lois Wilson

Thank you for including Stepping Stones Foundation in your estate plans. This confidential form is provided for those interested in joining our Legacy Society by informing Stepping Stones of a designated planned gift in support of the nonprofit, 501(c)(3) tax-exempt Stepping Stones Foundation (Federal I.D. No. 13-3031164).

Please circle one: Mr. Ms. Mrs. Mr. & Mrs. Other _____

Donor Name (first, middle initial, last): _____

Spouse/Partner Name (if joint gift): _____

Phone: Home (_____) _____ Mobile (_____) _____

Email: _____

Address: _____

<input type="checkbox"/>	New Gift
<input type="checkbox"/>	Gift Update

____ Check if permit us to publish your name(s) in donor lists. Insert name(s) as it should appear or write "Anonymous."

Please recognize this gift as from (No amount to be listed.): _____

I / we have made a provision to benefit Stepping Stones Foundation as follows:

____ Outright **Bequest** as stated in my **Will** as payable upon my death directly to Stepping Stones Foundation

____ Provision in the **Will of my surviving spouse/partner** payable to Stepping Stones Foundation

____ Beneficiary designee of my/our **Life Insurance Policy**. Policy# and provider: _____

____ Beneficiary of my/our **Retirement Plan(s)** (e.g., IRA, 401(k), pension, 403(b), etc.). Provider: _____

____ **Trust** (Testamentary, Charitable Remainder, Remainder of a Charitable Gift Annuity, Charitable Lead, Living, etc.) Type: _____

____ **Securities**. Stock, bond, or mutual fund name: _____

____ **Other** (Personal property, real estate, etc. in accordance with our gift acceptance policy) Description: _____

Please direct the proceeds from my/our future gift to the Stepping Stones Foundation as follows:

____ Unrestricted General Operations ____% _____ Restricted for Historic Preservation Projects ____%

____ Restricted for a Specific Program or Project ____% Specify the area of support: _____

Examples: Archives, house, studio, garden and grounds, object conservation, or programs (presentations, tours, and Annual Picnic)

Donor Signature: _____ **Date:** _____

Donor Signature: _____ **Date:** _____

Optional: The estimated current value of my/our future gift to the Stepping Stones Foundation is \$ _____
It is understood that fluctuations/changes in the market/economy may have an impact on this value.

Optional: Please consider providing a copy of any relevant estate documents, language from estate documents, and/or other documentation confirming Stepping Stones Foundation is a beneficiary.

Please return this form to:

Stepping Stones Foundation, P.O. Box 452, Bedford Hills, New York 10507 or by email to info@steppingstones.org. For more information, call (914) 232-4822 Ext. 11.

Please provide a copy of this form to your executor, attorney, and finance and estate planners.

Completion of this form is not legally binding, but notification of intent.
Please discuss your planned giving intentions with your financial, legal, tax, and estate advisors.
The Stepping Stones Foundation is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the U.S. Internal Revenue Code. Our Federal Tax I.D. is 13-3031164. Contributions are tax deductible to the extent permitted by U.S.law.