

ADA CLEMENT LEGACY SOCIETY COMMITMENT FORM

Name				
Address				
City, State, Zip				
Society members are publicly acknowledged in each	year's annual report and program books, unless			
anonymity is requested.				
\Box Please publicly acknowledge me as a member of the Ada Clement Legacy Society by listing my name in				
the following way:				
\square I would like to remain anonymous				
Donor Signature:	Date:			
INTENTION				
I have made/intend to make a provision for SFCM	My Legacy gift has been designated in the			
in my estate plan through one or more of the	following way (optional):			
following vehicles (optional):	☐ Percentage%			
☐ Bequest in my Will	☐ Residual%			
☐ Charitable gift annuity	☐ Specific amount \$			
☐ Charitable remainder trust	☐ Contingent			
☐ Charitable lead trust	☐ Gift in kind			
☐ Bequest in my Living Trust				
☐ Pooled income fund gift				
☐ Retirement plan designation				
☐ Life insurance policy designation				
☐ Other				



PROFESSIONAL ADVISOR

I have notified the followi	ng professional advisor c	of this gift (optional):		
Name				
Address				
City		State	Zip	
Phone	Email _			
P O	WER OF ATTO	R N E Y / T R U S T	E E	
Name				
Address				
City				
Phone	Email _			
Kindly complete and return to:	Nic Meredith, Director of San Francisco Conserva 50 Oak Street San Francisco, CA 9410	tory of Music		
	(415) 503-6201 nmere	edith@sfcm.edu		

Tax ID 94-1156610 THANK YOU!