

## LJI Legacy Society Confidential Intention and New Member Information Form

Making a bequest in your will or living trust to La Jolla Institute for Immunology (LJI) will create a lasting investment of your legacy in our scientific research, focusing on Life Without Disease. If you have made plans to include us in your estate, we would be pleased and honored to recognize you as a part of our family of supporters. By completing this confidential form, yourplans and preferences will be noted. The information below will help us to keep you informed about membership updates, events, and news about LJI and our research. In addition, your input will also help us make your experience as a Legacy Society member an enjoyable one. Thank you for your generosity and time!

## 1. Donor Information:

Name(s):			
Address:			
City:			Zip:
Home phone:	Cell phone(s)	:	
Email address(es):			
Birthday(s) (optional):			
2. Planned Gift Type:			
<ul> <li>Bequest in your Will or Living</li> <li>Charitable Remainder Trust</li> <li>Beneficiary of Retirement Pla</li> <li>Other:</li> <li>Is this gift contingent on anothe</li> </ul>	an Asset (e.g. IRA, 401(k), 4	☐ Benefici 403(b))	iary of Life Insurance Policy
Estimated amount or percentage	e \$	or	%
Please indicate how you would l Area of Greatest Need	, .		
Signature(s):			Date:
Signature(s):			Date:

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If you have a question about LJI's Legacy Society or your gift plans, please reach out to: Kelsey Dale, Deputy Director of Advancement at (858) 752-6542 or <u>kdale@lji.org</u> **More information about planned gifts can be found at** <u>www.lji.org/plannedgiving</u>.



## 3. Donor Recognition:

We would like to recognize the generosity of your intention to honor LJI with a bequest or other planned gift (the details of your gift will remain strictly confidential). Please let us know how you would like to be recognized:

Please list my/our name □ I/we wish to be listed as Anonymous

Would you be willing to share why you have decided to give to LJI? If yes, we would love to briefly speak with you and write a short "donor story" to memorialize your gift.

□ Yes, I/we would like to share my/our story with others □ No, I/we prefer to keep my/our story private

## 4. Donor Involvement

Do you have any ideas for future LJI events, e.g. topics, speakers, locations of events?

If you know someone who might be interested in supporting LJI, please consider introducing us to them or inviting them to future events. If you include their contact information below, we can mail them an informational packet.

Name <u>:</u>	Phone
Nume.	Thone

Address:\_\_\_\_\_ Email: \_\_\_\_\_

La Jolla Institute for Immunology is a 501(c)3 not-for-profit organization. Our federal tax ID number is 33-0328688. Your information is kept strictly confidential. Please return this form to the address below.

> La Jolla Institute for Immunology Attn: Kelsev Dale 9420 Athena Circle La Jolla. CA 92037

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