

LJI Legacy Society Confidential Intention & Member Info Form

Making a bequest in your will, trust or other estate plan documents 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, your plans 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: _____ State: _____ Zip: _____

Home phone: _____ Cell phone(s): _____

Email address(es): _____

Birthday(s) *optional*: _____

2 | 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 on donor honor rolls
- ☐ I/we are comfortable being recognized as legacy society members at events.
- ☐ I/we wish to be anonymous
- ☐ Please recognize my gift in the following way _____

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

3 | Planned Gift Information:

By sharing this optional information, you help LJI plan for your gift and ensure that your wishes for how your gift should be used are documented.

- ☐ Bequest in your Will or Living Trust (*circle one*) ☐ Charitable Gift Annuity
☐ Charitable Remainder Trust ☐ Beneficiary of Life Insurance Policy
☐ Beneficiary of Retirement Plan Asset (e.g. IRA, 401(k), 403(b))
☐ Other: _____

Is this gift contingent on another beneficiary surviving you? Yes or No (*circle one*)

Estimated amount or percentage \$ _____ or _____ %

Is there any other information about your gift that you would like to share with LJI, such as the name of your trust or retirement account, financial advisor, etc.?

Please indicate how you would like LJI to use your gift:

- ☐ Area of Greatest Need (Presidential Priority Fund) ☐ Endowment (enable future research at LJI)

Specific research area:

- ☐ Cancer Immunotherapy ☐ Autoimmune Disease ☐ Infectious Disease & Vaccines

☐ Other: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

4 | Donor Involvement: Do you have ideas for future LJI events (e.g. topics, speakers, event locales)?

Our donors are our greatest ambassadors! If you know someone who might be interested in supporting LJI, consider introducing us to them or inviting them to a future event. If you include their contact info below, we will mail them an informational packet.

Name: _____ Phone: _____

Address: _____ Email: _____