

SHORECREST FUND

Legacy Giving

DONOR INFORMATION (Please print or type)

First & Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone (Home): _____

Phone (Cell): _____

Email: _____

PLANNED GIFT INFORMATION

Please indicate the way(s) in which you have chosen to include Shorecrest Preparatory School as a beneficiary of your generosity:

- I have designated Shorecrest as a beneficiary in my will or trust
- I have established a charitable remainder trust
- I have established a charitable lead trust
- I have designated Shorecrest as a beneficiary in a life insurance policy
- Other: _____

ACKNOWLEDGEMENT INFORMATION

Please indicate how you would like your name(s) to be written for acknowledgements and donor listings:

- I (We) wish to have our gift remain anonymous

SIGNATURE: _____

DATE: _____

Return completed form to:

Shorecrest Preparatory School
Michael Gillis, Director of Advancement
5101 First Street NE, St. Petersburg, FL 33703
mgillis@shorecrest.org