



Legacy Circle  
at Scripps Research

## Legacy Circle at Scripps Research

Thank you for including Scripps Research in your future giving plans. Please complete or update this form to confirm your intentions and help us maintain accurate records. Your information will remain strictly confidential and will enable us to express our gratitude and honor your legacy appropriately.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Spouse/Partner (optional) Deceased (Y/N): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### GIFT INFORMATION

Please mark any that apply. I/We have made provisions for Scripps Research through:

\_\_\_\_\_ Will or Trust \_\_\_\_\_ Charitable Remainder Trust \_\_\_\_\_ Life Insurance Policy \_\_\_\_\_ Retirement Plan/IRA  
\_\_\_\_\_ Charitable Gift Annuity \_\_\_\_\_ Other (Please specify: \_\_\_\_\_)

A good faith estimate of the current value of my/our bequest to Scripps Research is: \$\_\_\_\_\_.

This is stated as a: \_\_\_\_\_ Specific dollar amount (Please specify if possible: \$\_\_\_\_\_.)  
\_\_\_\_\_ Percentage (Please specify if possible: \_\_\_\_\_ %.)

Gift designation:

\_\_\_\_\_ Scripps Research's greatest needs  
\_\_\_\_\_ My/our bequest is to be used in accordance with a signed gift agreement on file with Scripps Research.  
(Contact the Office of Philanthropy for assistance in obtaining and/or completing an agreement.)

**Note:** Please attach the relevant section of your will, trust or beneficiary designation form that references Scripps Research when returning this form, or email an electronic copy to [philanthropy@scripps.edu](mailto:philanthropy@scripps.edu).

### MEMBERSHIP

Scripps Research periodically recognizes Legacy Circle members at events and in publications.

May we recognize you as a member?

\_\_\_\_\_ Yes, Scripps Research may recognize me/us as Legacy Circle members. \_\_\_\_\_ No, I/we prefer to remain anonymous.

As a Legacy Circle member, you will receive special communications and event invitations.

\_\_\_\_\_ I/We prefer not to receive Legacy Circle communications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executor/Personal Representative/Family Member: (Someone Scripps Research may contact in the event of your passing)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please mail this form and a copy of the relevant portion of your will, trust or beneficiary designation form to Scripps Research, Office of Philanthropy - Gift Planning, 10550 N. Torrey Pines Road, TPC-2, La Jolla, CA 92037, or email to [philanthropy@scripps.edu](mailto:philanthropy@scripps.edu). Contact (800) 788-4931 with any questions.

*This not a legally binding document. Scripps Research appreciates your plans may change over time.  
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