



### HIP Housing Legacy Gift Form

Name (please print): \_\_\_\_\_

Please use the following name(s) for recognition, if different from above:  
\_\_\_\_\_

I/We wish to remain anonymous to the public. Please do not list my/our name.

**Please sign and date this form for our records:**

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

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

**Optional: Please tell us about your estate provision(s) for HIP Housing.**

I/We wish to let you know, in confidence, that my/our estate plan provides a gift for HIP Housing of approximately \$\_\_\_\_\_.

*Please note that there is no requirement to reveal the size of your gift but, by doing so, you will help HIP Housing better plan for its future.*

**I/We have designated HIP Housing as a beneficiary of my/our:**

- |   |   |
|---|---|
| <input type="checkbox"/> will or living trust           | <input type="checkbox"/> charitable gift annuity (CGA)    |
| <input type="checkbox"/> IRA or other retirement plan   | <input type="checkbox"/> charitable remainder trust (CRT) |
| <input type="checkbox"/> stocks, bonds, or mutual funds | <input type="checkbox"/> commercial annuity               |
| <input type="checkbox"/> checking or savings account    | <input type="checkbox"/> donor advised fund (DAF)         |
| <input type="checkbox"/> life insurance policy          | <input type="checkbox"/> other: _____                     |

for a specific amount \$\_\_\_\_\_ or a percentage \_\_\_\_\_%, which as of today is valued at approximately \$\_\_\_\_\_.

**Additional Information:**

\_\_\_\_\_

**OPTIONAL:**

**Please provide additional information for our records if you wish:**

My/our date(s) of birth: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

**I/We have notified the following professional advisor of this gift:**

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

Profession: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

**Please provide administrator or executor contact information, if applicable:**

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

Company: \_\_\_\_\_

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

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

Plan #: \_\_\_\_\_

**Please return this form to:**

Katherine Goodman, Development Officer  
HIP Housing  
800 S. Claremont Street, #210  
San Mateo, CA 94402

or email to: [kgoodman@hiphousing.org](mailto:kgoodman@hiphousing.org)

***Thank you for supporting HIP Housing and  
affordable housing access in San Mateo County!***

**HIP Housing Tax ID# is 94-2154614**