



SAN FRANCISCO  
OPERA

## BEL CANTO LEGACY SOCIETY ENROLLMENT FORM

*Welcome to the Bel Canto Legacy Society—your legacy gift is deeply appreciated!*

I look forward to receiving invitations to special events and having my name included as a member of the Bel Canto Legacy Society in San Francisco Opera publications.

**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 San Francisco Opera Association.**

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

*There is no requirement to reveal the size of your gift; doing so will help the Opera better plan for its future.*

**I/We have designated the Opera as a beneficiary of my/our:**

will or living trust

charitable gift annuity (CGA)

IRA or other retirement plan

charitable remainder trust (CRT)

stocks, bonds, or mutual funds

commercial annuity

checking or savings account

donor advised fund (DAF)

life insurance policy

other: \_\_\_\_\_

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

**Additional information:**

\_\_\_\_\_

*Please turn over and complete the rest of the form*

**OPTIONAL:**

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

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

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

City, State, Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Best times to call:  morning  afternoon  evening

**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: \_\_\_\_\_

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

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

**Return to:** Legacy Giving  
San Francisco Opera  
301 Van Ness Avenue  
San Francisco, CA 94102-4509

**or email to:** [legacygiving@sfopera.com](mailto:legacygiving@sfopera.com)

***Thank you for your vital support of San Francisco Opera!***

**San Francisco Opera Association Tax ID# is 94-0836240**