

JOIN VCMRF's PARTNERSHIP SOCIETY

YES, I/We want to help preserve VCMRF's Partnership Society as a unique way to make a gift to the endowment by becoming a member.

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Cell _____
Email _____ Date _____

I would like my listing on VCMRF's publications to be in my name and/or in honor or memory of person special to me as follows:

 I/We prefer to remain anonymous

PAYMENT OPTIONS

Enclosed is my tax-deductible endowment gift of \$ _____
Payable to Ventura County Medical Resource Foundation

Please charge my endowment gift of \$ _____ to:
MasterCard VISA or AMEX (Circle one)
_____ Expiration date ____/____/____ CVV: _____
I'd like to pay the credit card processing fees YES NO

I pledge an endowment gift of \$ _____ to be paid in equal installments over _____ years.
Please bill me: Quarterly _____ Annually, starting _____/_____/_____

I would like to be a member of VCMRF'S Partnership Society with a planned gift to the endowment of \$ _____ through:

- Bequest by Will
- Gift of Stock, Bonds or Mutual Funds
- Gift of Real Estate
- Life Insurance Gift
- Living Trust Provision
- Pooled Income Fund
- Charitable Gift Annuity
- Charitable Remainder Trust

Gift of Retirement Fund Assets
 Personal Residence – Future Interest
 Gift of Collectibles or Personal Property
Please provide details _____

I would like to discuss including VCMRF's Partnership in my estate plans.
Please call me at _____

VCMRF, Development Office, (805) 641-9800 or email at vcmrf@vcmrf.org
