

**LEAVE A LEGACY™ TREASURE COAST**  
**Speakers Bureau and Mentoring Program**

The Leave A Legacy™ program is a project of the Treasure Coast Planned Giving Council. A local group of estate planning professionals and representatives from the nonprofit sector are implementing this ongoing program to educate the community about the impact and benefits of leaving gifts to local charities through bequests and/or other planned giving vehicles.

Part of this initiative is to assist nonprofits in establishing a planned giving program through our Speakers Bureau and Mentoring Program.

If you are interested in finding out more about the program and how Leave A Legacy™ can help your organization start a planned giving program, please call Doyle Richardson at (772) 288-0000 or fax the completed form below to (772) 221-9028.

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**I am interested in having a Leave A Legacy™ speaker for my organization.**

*Please check the type of presentation you would like to have for your organization:*

**Philanthropic Estate Planning and Leave A Legacy™**

*A technical, but comprehensive, presentation on structuring planned gifts. This presentation includes the use of Charitable Remainder Trusts and other planned giving vehicles in estate planning. This presentation will be tailored for general, donor, civic, and service club audiences (20-60 minute presentation available)*

**Encouraging Planned Gifts – A Primer for the Board**

*A 30-40 minute presentation intended for nonprofit boards and staff on getting started with a planned giving program.*

**Topic of your choice**

*We will tailor a presentation to your needs based on topic desired and timing availability.*

**I am interested in a one-on-one consultation with either a nonprofit representative or a professional advisor on one of the following planned giving topics:**

Beginning a program       Marketing your program       Investment & Spending Policies

Gift Acceptance Policies & Administration       Working with Professional Advisors

Topic of your choice

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

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

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

Date(s) and Time(s) Available: \_\_\_\_\_ # of attendees: \_\_\_\_\_

Type of Audience: (please check all that apply)

Board of Directors

Potential Donors

Staff

Other: \_\_\_\_\_