

Legacy Society

Date _____

____ Yes, I have provided for Napa Valley College in my estate plan.

Area of support (check all that apply):

- ____ Student scholarship
- ____ Academic/Career Technical department (specify): _____
- ____ Library
- ____ Campus improvement (specify): _____
- ____ Other (please specify): _____

Please enroll me as a member of the Napa Valley College Legacy Society.

Name _____

Mailing Address _____

City _____ State ____ Zip _____

Day Phone () _____

Evening Phone () _____

E-mail _____

____ *Please list me as a member in your publications.*

Thank you for your support! Please feel free to contact the Foundation with any questions or for assistance in obtaining a planned giving resource or tool.

Return this completed form to:
Napa Valley College Foundation
2277 Napa-Vallejo Highway
Napa, CA 94558

Call (707) 256-7170 Fax (707) 256-7199 email: nvcf@napavalley.edu Tax ID #23-7003565