SARASOTA'S AFRICAN AMERICAN CULTURAL COALITION

LEGACY CIRCLE INTEREST FORM

_____ Yes, I/We would like to join the Legacy Circle to secure the future of SAACC.

_____ I/We have included SAACC in our will or estate plan. Please add me to the Legacy Circle.

_____ Please contact me/us to answer questions I/we have before joining the Legacy Circle.

NAME(S): _____

PHONE(S): _____

EMAIL(S): _____

Thank you for your interest in the Sarasota African American Cultural Coalition's Legacy Circle. We will contact you to discuss your interest and answer your questions. We are extremely grateful for your consideration to help us secure the future of SAACC.