

KCTS 9 LEGACY CIRCLE INFORMATION FORM

I am pleased to accept membership in the Legacy Circle on the following basis:

I have included KCTS 9 in my will or living trust.

I have named KCTS 9 as beneficiary of a life insurance policy.

I have named KCTS 9 as beneficiary of a retirement account.

I have arranged a trust, annuity or other planned gift for the benefit of KCTS 9.

I have made other arrangements to include KCTS 9 in my estate (please describe) _____

My name should appear in the Circle's records as follows (please include your spouse if you wish):

Name(s) _____

I wish to remain anonymous.

I do not wish to be a member of the Legacy Circle.

Please verify we have your correct address and add your phone number and email address if you'd like to receive limited special invitations and announcements by email. We will never sell your name or address.

Address _____

Phone _____

E-mail _____

Signature _____ Date _____

**If you would like any additional information or if you have any questions,
contact Scott Claeys at (206) 443-6730 or sclaeys@KCTS9.org.**