



Charitable and Estate Planning Lawyer Referral Application

Please print or type; you may use additional pages if needed.

ATTORNEY NAME: _____

FIRM: _____

STREET ADDRESS: _____

PO BOX _____ **CITY, STATE, ZIP:** _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS*: _____ **WEB ADDRESS: http://** _____

YEAR ADMITTED TO KANSAS BAR: _____ **KANSAS SUPREME CT. #:** _____

LAW SCHOOL: _____ **MALE** **FEMALE**

PRIMARY PRACTICE INFORMATION (ex: family law, trusts, estate planning, probate, etc.): _____

PROFESSIONAL MEMBERSHIPS, AWARDS, SPEAKING ENGAGEMENTS (CLEs): _____

By signing below:

- I agree that I am a lawyer in good standing with the Kansas Supreme Court
- I agree that I have sufficient experience and training to adequately represent clients who may be referred to me by the KRCF for purposes of charitable and estate planning
- I consent to receive faxes and/or e-mail sent by the Kansas Rural Communities Foundation*

Signature

Date

*The KRCF will not sell, loan, distribute, or otherwise disclose your e-mail address to any outside parties; e-mail addresses will only be used for correspondence sent from and on behalf of the Foundation.

PLEASE MAIL, E-MAIL, OR FAX THIS COMPLETED FORM TO:

**Kansas Rural Communities Foundation | P.O. Box 25 | Wamego KS 66547
P: (785) 456-8444 | F: (785) 456-8443 | krcf@wamego.net | www.thekrcf.org**