



**FOUR COUNTY COMMUNITY FOUNDATION  
LEGACY SOCIETY**

**CONFIDENTIAL BEQUEST NOTIFICATION FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

My/Our will (or other estate planning document) was executed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and includes a provision for Four County Community Foundation.

Type of Bequest  Specific Amount \$ \_\_\_\_\_

Percent of Estate \_\_\_\_\_ %

Remainder of Estate \$ \_\_\_\_\_

Type of Planned Gift (i.e., Annuity, Trust, Life Insurance, etc.) \_\_\_\_\_

Name of Fund (if planned gift meets minimum fund balance requirements)  
\_\_\_\_\_

To help Four County Community Foundation plan for the future:

The approximate amount of my/our bequest or planned gift based on today's value is \$ \_\_\_\_\_

Purpose of gift \_\_\_\_\_

Attorney/Advisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Firm's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I/We prefer that the details of this planned gift remain private, but give permission for Four County Community Foundation to acknowledge my/our commitment in Legacy Society listings.

I/We would like my/our name(s) to appear as follows \_\_\_\_\_

I/We prefer that the details of this planned gift remain anonymous. I/We do not wish to be included in Legacy Society listings.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_