

# PLANNED GIFT NOTIFICATION FORM

Please complete the following to let Four County Community Foundation know of your plans to include a gift to our organization in your will or estate plan. We want to ensure we understand your intentions for your gift and how you wish to be recognized. We are incredibly grateful for your generosity.

## CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

Date of birth \_\_\_\_\_

Spouse/partner's name \_\_\_\_\_

Spouse/partner's date of birth \_\_\_\_\_

## TYPE OF GIFT

I/We have named the community foundation as a beneficiary in my/our:

- ☐ Will/Trust
- ☐ Retirement Plan
- ☐ Life Insurance Policy
- ☐ Payable on Death Account
- ☐ Charitable Remainder Trust
- ☐ Charitable Gift Annuity
- ☐ Other (please specify) \_\_\_\_\_

## PURPOSE OF GIFT

My/our gift is:

- ☐ Unrestricted to be used for the area of greatest community need
- ☐ Designated for (interest area, specific nonprofit or fund name) \_\_\_\_\_
- ☐ Not yet determined. Please contact me to discuss.

## AMOUNT OF GIFT

The estimated value of my/our gift will be \$ \_\_\_\_\_ or \_\_\_\_\_% of my estate/retirement plan/life insurance policy.

— OVER —

# PLANNED GIFT NOTIFICATION FORM CONT.

## RECOGNITION OF GIFT

☐ You may include my/our name(s) in donor recognition materials.

In materials, I/we wish to be referred to as:

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*(Please print how you would like your name(s) to appear)*

☐ I/We wish to remain anonymous and do not wish to be recognized publicly at this time.

Signature

Date

Signature

Date



Please mail completed form to:  
Four County Community Foundation  
PO Box 539  
Almont, MI 48003