



**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 _____