



**Legacy Society
Statement of Gift Intention**

This Statement of Intent is an expression of my present plans, is subject to revocation or modification by me, and is not legally binding on me or my estate. As an expression of my concern and commitment to improving the quality of life in Lawrence County, Indiana, I (we), _____ (Donor/s) am/are making the following provision to the Lawrence County Community Foundation (a partner in the Community Foundation Partnership, Inc.), EIN#35-1889139:

- _____ An outright bequest upon the passing of the donor, or the passing of the donor and spouse
- _____ A trust agreement, income reserved for the donor, spouse, or other income beneficiary
- _____ A life insurance policy, in which the Foundation is named as beneficiary or owner and beneficiary
- _____ Other (please specify) _____

The estimated value of my gift is _____

Special circumstances of my gift include: _____

It is my/our wish that the gift be used:

- _____ At the Foundation's discretion
- _____ For the following fund or purpose: _____
- _____ I permit the Foundation to use my name and likeness in printed lists of Legacy Society members and/or donor stories, which may appear in such documents as the Foundation's annual report and newsletters.
- _____ Although I wish to be a Legacy Society member, I wish to remain anonymous.
- _____ I permit the Foundation to disclose the type and purpose of my gift in order to encourage others to make similar gifts.

Donor Name: _____	Co-Donor Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Telephone: _____	Telephone: _____
E-mail Address: _____	E-mail Address: _____
Date of Birth: _____	Date of Birth: _____

Please attach a copy of the estate-planning document that further describes the nature of the above-mentioned provision(s) in which the Community Foundation is identified as a beneficiary or remainderman.

_____ Donor Signature	_____ Date	_____ Co-Donor Signature	_____ Date
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