



Statement of Gift Intention – Martin County Community Foundation

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 Martin County, Indiana, I (we), _____ (Donor/s) am/are making a provision to the Martin County Community Foundation through (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/s or purpose/s: _____
- _____ If this is a designated fund, may the beneficiary organization be informed of your intention to make a planned gift to the fund that benefits them? **(Please circle one)** Yes No
- _____ I would like to discuss the purpose of my gift with Community Foundation staff.

Please check all those that apply:

- _____ Although I wish to be a Legacy Society member, I wish to remain anonymous.
- _____ I permit the Foundation to use my name and likeness in printed lists of Legacy Society members, which may appear in such documents as the Foundation’s annual report and newsletters.
- _____ I permit the Foundation to disclose the type and purpose of my gift in promotional materials in order to encourage others to make similar gifts.
- _____ I permit the Foundation to disclose the amount and financial benefits of my gift in promotional materials 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 letter or that part of your estate planning document which 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