

**Declaration of Intent**

Thank you so much for including Rochester Area Community Foundation in your estate plan. Your contribution will have a truly lasting impact on the community. We understand that sharing the value of your gift is a personal decision. The information you provide will help us best serve you and your charitable wishes.

***My/Our gift to the Community Foundation is in the form of***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Mark all that apply* |  |  | | | | |  |
| Bequest in the amount of | $ |  | | | | |  |
| Residual beneficiary at | % | The approximate value of this percentage is | | | | | $ |
| Beneficiary of life insurance or retirement plan at approximate value of | | | | $ | | | |
| Beneficiary of a :  Charitable Remainder Trust | | | Charitable Lead Trust | | Other |  | |
| The approximate value is | $ | | | |  | |  |
| Please check here if the gift will be received upon the death of a surviving beneficiary | | | | | | | |
| I/We do not wish to divulge the value of the gift at this time. My/Our signature(s) on the reverse confirms that the Community Foundation is included in my/our estate plan. | | | | | | | |
|  | | |  | |  | |  |

***This gift is to be used to***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Establish a permanent fund, the income from which will be used as specified in documentation on file at the Community Foundation. | | | | |
|  | | | | |
| Add to an existing named fund (indicate name): |  | | | |
|  | |  |  |  |

***The financial advisor/attorney/family member familiar with this arrangement is/are:***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  | | |  | |
| Name | Organization/Firm | |  | Name | | | Organization/Firm | |
|  | | |  |  | | | | |
| Address | |  |  | Address | | | |  |
|  | |  |  |  | | | |  |
| E-Mail | | Phone |  | E-Mail | | | | Phone |
| May the Community Foundation contact the individual(s) above: | | | | | Yes | No | | |
|  | | | | |  |  | | |

*Continue on reverse >>*

***Recognition preferences***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| During my/our lifetime, I/we would like to be publicly recognized as a member of the Community Foundation’s Legacy Society.  Yes  No | | | | |
| If yes, please indicate how you would like your name(s) listed: | |  | | |
|  | | | | |
|  |  | |  |  |

***Donor information***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I/We understand that this document is not legally binding, that I/we may update it at any time, and that the Community Foundation will reference the most current signed document on file. | | | | |
|  |  |  |  |  |
| Name of Donor #1 | Date of Birth |  | Name of Donor #2, if applicable | Date of Birth |
|  | |  |  | |
| Street Address |  |  | Street Address |  |
|  | |  |  | |
| City, State, Zip |  |  | City, State, Zip |  |
|  |  |  |  |  |
| E-Mail | Phone |  | E-Mail | Phone |
|  |  |  |  |  |
| Signature of Donor #1 | Date |  | Signature of Donor #2 | Date |

***Planned gift conditions***

|  |  |  |  |
| --- | --- | --- | --- |
| So that we may best serve you, please consider attaching a copy of the section of your will or other documents that pertains to this declaration of intent. You may also elect to list income beneficiaries with their birth dates, and/or other conditions of your planned gift. | | | |
|  | | | |
|  | | | |
|  | | | |
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|  |  |  |  |

Thank you again! If you have any questions about this form, please contact Kate Kidera, philanthropic services officer, at 585.341.4337 or *kkidera@racf.org.*

Date Received: