

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 _____%. The approximate value of this percentage is \$ _____

Beneficiary of: Life Insurance Retirement plan 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 (include name): _____

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

Name:	Name:
Firm:	Firm:
Address:	Address:
City/State/Zip:	City/State/Zip:
Email:	Email:
Phone:	Phone:
May the Community Foundation contact the individuals above: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Recognition preference

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.

Donor #1	Donor #2
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Email:	Email:
Phone:	Phone:
DOB:	DOB:
Signature:	Signature:
Date:	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 pertain 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.

Thank you again! If you have any questions about this form, please contact Kayleigh Rae Stampfler, Director of Legacy Giving, at 585-341-4409 or kstampfler@racf.org.

Date received: _____