

**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. |
|       |
|       |
|       |
|       |
|  |  |  |  |

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: