

THE LEGACY SOCIETY

***1. Contact Information***

Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check one: \_\_\_\_Home \_\_\_ Work \_\_\_Cell

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #

***2. Method of Giving:***

\_\_\_ I/we have included the Community Foundation in a bequest by:

 \_\_\_ A specific amount of my/our estate.

 \_\_\_ A specific percentage of my/our estate.

 \_\_\_ The residue of my/our estate.

\_\_\_ I/we have named the Community Foundation as a beneficiary or contingent beneficiary of:

 \_\_\_ My/our 401(k), 403(b), IRA or other tax-deferred retirement plan.

 \_\_\_ My/our life insurance policy.

\_\_\_ I/we have included the Community Foundation in my/our estate plan in another way.

 Please specify:

Please attach a description or a copy of the instructions found in your will or other document pertinent to the Community Foundation of Tompkins County.

1. ***Gift Value:***

 My/our gift is worth approximately: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_I/we wish to keep the value of my/our gift private at this time.

1. ***Recognition:***

 Your legacy gift to the Community Foundation of Tompkins County makes you a member

of The Legacy Society, an association that honors and recognizes individuals who have confirmed their commitment to the future of Tompkins County by making a planned gift.

I/we would like to be listed in the Community Foundation of Tompkins County Legacy Society

as follows:

\_\_\_ Please keep my legacy gift anonymous.

Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_