



# Legacy Society Notification Form

Have questions? Need assistance?  
 The Community Foundation  
 200 E. Buffalo St. Suite 202 Ithaca, NY 14850  
 (607) 272-9333 info@cftompkins.org

### Information About Donor(s)

Name(s): \_\_\_\_\_ Street 1: \_\_\_\_\_  
 Phone Number(s) (select all that apply): \_\_\_\_\_ Street 2: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Work: \_\_\_\_\_ City: \_\_\_\_\_  
 Cell: \_\_\_\_\_ State: \_\_\_\_\_  
 Fax: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Information About Gift

**Method of Giving (select one):**  
 I / we have included the Community Foundation in a bequest by:  
 A specific amount of my / our estate. Amount \_\_\_\_\_  
 A specific percentage of my / our estate. Percentage \_\_\_\_\_  
 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.

**Total Value of Gift(s):**  
 My / our gift is worth approximately: \_\_\_\_\_ \$ \_\_\_\_\_

**Anonymity:**  
 I / we wish to keep the value of my / our gift private at this time  
 I / we would like my / our legacy gift to be anonymous

**Acknowledgement:**  
 I / we would like to be listed in the Community Foundation of Tompkins County Legacy Society as follows:  
 \_\_\_\_\_

### Acknowledgement and Certification

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.

Signature of Donor(s): \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your support!*