

Legacy Society Notification of Intent

Please call or stop by and return this form to The Community Foundation:

200 E. Buffalo St. Suite 202 Ithaca, NY 14850

(607) 272-9333 info@cftompkins.org

To promote sustainable philanthropy in Tompkins County, I have included the Community Foundation as part of my estate plan (not a binding legal obligation).

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 (share details, which are useful but not mandatory):	
\Box A specific amount of my / our estate. Ar	mount
\Box A specific percentage of my / our estate. Pe	ercentage
☐The residue of my / our estate.	
\Box I / we wish to keep the value of my / our gift private at this time.	
□I / we have named the Community Foundation as a beneficiary or contingent beneficiary of:	
☐My / our 401(k), 403(b), IRA, or other tax-defered retirement plan.	
□My / our life insurance policy.	
\Box 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 documents pertinent to the Community Foundation of Tompkins County.	
Total Value of Gift(s):	
My / our gift is worth approximately:	\$
Acknowledgement:	
\Box I / we wish my / our name(s) to not be listed in the Legacy Society.	
□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: