

LEAVE A LASTING LEGACY

Name(s): _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Professional Advisor Name: _____ Phone Number: _____

I/We have made a provision for a future gift to the Foundation through:

This charitable contribution is for the benefit of:

Will/Bequest Life Insurance Policy Charitable Gift Annuity

AACF BLACF CMCF CFCC

Charitable Remainder Trust Other

PACF WACF OTHER

The approximate value of the gift will be: _____

I/We wish to remain anonymous

I/We wish to be listed as a member of our Legacy Society.

I/We have signed a fund agreement at the foundation.

I/We would like to meet about establishing a fund at the foundation.

Signature: _____ Date: _____

Signature: _____ Date: _____