



COMMUNITY FOUNDATION OF GREATER GREENSBORO

STATEMENT OF INTENT: ESTATE OR DEFERRED GIFT

As evidence of my/our desire to provide a legacy of support, I/we hereby inform The Community Foundation of Greater Greensboro (CFGG) that I/we have made provisions for a gift in my/our estate plans. I/we understand that this commitment can be modified by me/us at any time.

1. Type of Gift (check all that apply)

Bequest in my/our will

Life Insurance Policy Beneficiary Designation

Charitable Trust (select one) Unitrust Annuity Trust Revocable Trust Lead Trust

Charitable Gift Annuity Current Deferred

IRA or Retirement Plan

Other (please describe) _____

2. Estimated Gift Value (optional)

With the understanding that values can change, I/we estimate the value of my/our gift to be approximately \$_____ in today's dollars. I/we understand that, by stating the amount, my/our estate is not legally bound by this statement, and I/we may choose to change or revoke this bequest at any time, based on my/our sole discretion.

3. Gift Designation

This gift is unrestricted and may be used by CFGG where the need is greatest.

Please designate my/our gift for a designated purpose (please describe below):

4. Records

I/We wish for CFGG to hold a copy of the pages of our will that are relevant to our legacy gift (please check one)

Yes

Not at this time

Not Applicable

The date of my/our current will is _____

I/We have provided and/or attached other relevant documentation to our legacy gift (please list documents below):

5. Gift Recognition

I/We authorize The Community Foundation of Greater Greensboro to recognize me/us publicly as a member of our Legacy Society.

I/We would like to remain anonymous.

6. Contact Information

Name: _____

Spouse/Partner's Name: _____

Birthdate: _____

Birthdate: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Address: _____

City/State/Zip: _____

Donor Listing: _____

The information/records submitted with this form are a statement of intent reflecting my/our current wishes. I understand that my/our signature acknowledges that this document is a reflection of my current intent and is not binding.

7. Additional Contact Information

Please indicate the name and contact information of family members or advisors who may have additional information regarding your intent:

Print Name

Signature: _____ Date: _____

Print Name

Signature: _____ Date: _____

This form was received by:

Name: _____ Date: _____

This form was processed by:

Name: _____ Date: _____

*Thank you for supporting
The Community Foundation of Greater Greensboro!*