

Thank you for your generous commitment to the Community Foundation of St. Clair County (CFSCC). To best understand your intentions for this gift, we ask that you please complete the form with as much detail as you are comfortable sharing. The information you provide is not legally binding and we understand that you may wish to change your gift in the future.

Your Contact Information

Name(s) _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

About Your Gift

If you are willing to disclose information about your gift, please check all that apply. If you choose to provide an estimate value of your gift, please use today's value:

____ Will ____ Trust ____ IRA or Retirement Plan Assets ____ Life Insurance Policy

____ Charitable Remainder Trust ____ Charitable Gift Annuity ____ Other

The approximate value of my gift is \$ _____ or _____% of my estate or residue.

My Gift Will Support

____ % Unrestricted gift

____ % The Community Foundation operations

____ % An existing Agency or Field of interest fund held at CFSCC _____

____ % Your existing named fund held at CFSCC _____

____ % A new named fund _____

____ % Other _____

Acknowledging Your Gift & Legacy Society

Please list my/our names as you wish to be acknowledged: _____

_____ CFSCC may publicly acknowledge our gift

_____ I/We want to be Anonymous

_____ If anonymous, you may publicly recognize my/our gift once it is realized.

The Community Foundation recognizes the generosity and forethought of donors who make a gift through their estate, in any amount and from any source, through our Legacy Society.

By sharing any detail about your future gift with us, we welcome you into this extremely important and appreciated group of donors.

Signature(s): _____

Date: _____

Date: _____

Please return completed form to: 500 Water Street, Port Huron, MI 48060 or email jackie@stclairfoundation.org