

I/we have included the Community Foundation of Lorain County in my/our estate plans. Name(s): _____ Date: ____ Email: ______ Phone: _____ Address: Membership in the Legacy Society includes invitations to exclusive events, special communications and acknowledgement in a variety of publications. ☐ Please include me/us in the Legacy Society and recognize me/us as: (name as it should be listed). I/we wish to remain anonymous. Please Indicate Your Planned Gift Below: (optional) ☐ Life Insurance Policy Beneficiary ☐ Revocable Trust l I Will Retirement Plan Beneficiary ☐ Charitable Trust /Annuity Other Asset Other details you wish to share: All information provided will be kept in the strictest confidence and will be used for internal planning purposes only. Signature: Date: Purpose of the Planned Gift to the Community Foundation of Lorain County. ☐ Please direct my gift to this Endowment Fund: Unrestricted gift to provide flexible resources for the most critical needs in the community ☐ I have a specific purpose in mind that I would like to discuss. Please contact me.

PLEASE RETURN FORM TO:

Laura Malone, Development Officer; Community Foundation of Lorain County, 9080 Leavitt Rd., Elyria, OH 44035; Phone: 440.984.7390 Email: giving@peoplewhocare.org

Completion of this form is not intended to be legally binding, but a notification of intent. Please discuss your planned giving intentions with your professional financial advisor. Community Foundation of Lorain County is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code. Tax ID # 34-1322781. Contributions are deductible as allowed by law.

