



LEGACY COMMITMENT FORM

In recognition of my/our strong commitment to improve this community for future generations, I/we have included the Community Foundation of Lorain County in my/our estate plans.

Name(s): _____ Date: _____

Email: _____ Phone: _____

Address: _____

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)

- | | |
|---|---|
| <input type="checkbox"/> Will/Trust Bequest - % of Estate | <input type="checkbox"/> Will/Trust Bequest – Cash/Securities |
| <input type="checkbox"/> Life Insurance Beneficiary | <input type="checkbox"/> IRA/Retirement Plan Beneficiary |
| <input type="checkbox"/> Donor Advised Fund Beneficiary | <input type="checkbox"/> Charitable Trust (Remainder/Lead) |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Real Estate, Business Interest or Other Asset
(with prior approval by Community Foundation) |

Other details you wish to share:

All information provided about the potential gifts and their value will be kept in the strictest confidence and will be used for internal planning purposes only. Please provide a copy of the page or paragraph from the will or trust bequest, beneficiary designation form for life insurance, charitable trust, beneficiary designation form for retirement plan, or another gift plan that describes your gift once it is available.

Purpose of the Planned Gift to the Community Foundation of Lorain County:

- Please direct my gift to this Endowment Fund (s): _____
- Unrestricted gift to provide flexible resources for the most critical needs in the community.
- I plan to create a new Fund or have a specific purpose in mind that I would like to discuss.

Continued on next page.



Is there a professional advisor or other contact we can reach out to related to this plan if necessary?

Please provide name, company or relationship and phone number or email:

Other Notes:

Signature: _____ Date: _____

Signature: _____ Date: _____

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.

Please Return Form To:

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