Planned Gift Intentions

Let us know if you’ve made a future gift to the Community Foundation that will help make the region a healthy, thriving community for all residents — now and forever.

To ensure that your future charitable intentions are clear, please complete and return this form to Lauren C. Parda, senior development officer. If you have questions, contact Lauren at 860.442.3572 or lauren@cfect.org. Any information you share will be kept confidential.

About Our/My Planned Gift:

☐ Our/my will designates a portion of our/my estate to the Community Foundation of Eastern Connecticut. Choose one:
   ○ As an outright gift of $__________
   ○ As a percent of our/my estate __________ %
   ○ The residual of our/my estate

☐ We/I have created a charitable trust naming the Community Foundation. 
   Estimated value: $__________ (optional)

☐ We/I have named the Community Foundation as a beneficiary of a retirement plan.
   Estimated value: $__________ (optional)

☐ We/I have made other plans to make a charitable gift to the Community Foundation.
   Our plans are:

   _____________________________________________________________

☐ The Community Foundation is named as a contingent beneficiary only.  
   (continued on back)
**Intentsions for Our/My Planned Gift:**

- [ ] Our/my gift is unrestricted to address the greatest needs of Eastern Connecticut communities.
- [ ] Our/my gift is intended to benefit the following field(s) of interest (e.g., the environment, the arts, women and girls, etc.) or specific organization(s):

  ____________________________________________________________

  ____________________________________________________________

- [ ] Our/my gift is designated to one or more existing funds at the Community Foundation and will follow the criteria of the fund(s). Fund name(s):

  ____________________________________________________________

- [ ] Our/my gift is designated to establish a new fund.

  *Please contact the Community Foundation now to plan for this gift.*

**Donors who make planned gifts are recognized in our annual report and on our website.**

*Please choose:*

- [ ] We/I would like to publish our/my name now as a Legacy Society member(s).
- [ ] We/I wish to remain anonymous.

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Signature

Date

Signature

Date

**If you’d like, please share why you have made your future gift:**

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

*The Community Foundation acknowledges that this planned giving provision is revocable, and that the donor retains the right to change the purpose of the gift and/or the amount at any time. Any estimated value you give will be held in strict confidence and in no way publicized. The donor agrees to notify the Community Foundation if plans are amended.*