



Legacy Circle Gift Intent Form

As evidence of my/our desire to provide a legacy of support to the Community Foundation of South Puget Sound, I/we hereby inform the Foundation that I/we have made a provision for a legacy gift to the Community Foundation of South Puget Sound in my/our estate plan. I/We understand that this commitment is revocable, and I/we can modify it at any time.

This gift will benefit:			
☐ The Community Foundation's	Programs & Operations		
☐ The Community Fund – The Co	ommunity Foundation's Gran	tmaking Fund	
□ A Specific Fund:			
This gift will be made through th	ne following (check all that ap	oply):	
☐ Will or Living Trust	☐ Retirement Plan Assets	☐ Donor Advised Fund	
☐ Charitable Remainder Trust	☐ Life Insurance Policy	☐ Real Estate or Other Non-Cash /	Assets
☐ Other:			
Financial/Legal Advisor Name (O	ptional):		
The Current Estimated Value of t	his Gift is <i>(Optional)</i> :		
member of our Legacy Circle. We communication, and appreciatior	also welcome the opportunit n for your intended gift and er	ate and honor your commitment as a year to provide you with recognition, or neourage others to consider the Comlue of a gift is always confidential.)	ngoing
Please select your recognition pre	eference:		
\square I/We give Community Foundat	ion staff permission to publisl	n our name(s) as Legacy Circle mem	ıber(s)
\square I/We give Community Foundat	ion staff permission to publisl	n the Fund Name <u>but not</u> my/our na	me(s)
\square I/We give Community Foundat	ion staff permission to publisl	n the Fund Name <u>and</u> my/our name	(s)
□ Please do not publish my name	e or the Fund name as a Lega	cy Circle member (keep my gift anoi	nymous)
Printed Name	Signature	Date	
Printed Name	 Signature		
Please contact me/us at: Phone N	OR Jumber Fmail		
Phone N	lumber Email		