Springfield Foundation

For good. For ever. For all.®

The Springfield Foundation Statement of Gift Intention

This Statement of Gift Intention is an expression of my present plans, is subject to revocation or modification, and is not legally binding on me or my estate. I am aware that it is my responsibility to consult with my own attorney, accountant, financial planner or other professional advisor concerning the details of this gift intention. As an expression of my concern and commitment to improving the quality of life in Clark County, I, _____ (Donor), am making a provision to The Springfield Foundation through:

___ An outright bequest upon the passing of the donor, or the passing of the donor and their spouse;
___ A trust agreement, with the Springfield Foundation as a beneficiary;
___ A life insurance policy with the Springfield Foundation as a beneficiary;
___ A retirement plan with the Springfield Foundation as a beneficiary;
___ Charitable Gift Annuity; or
___ Other (please specify) _____

The estimated value of my gift is $ _____

Special circumstances of my gift include: _____

It is my/our wish that the gift be used:

___ At the Foundation's discretion.
___ For the following purpose: _____
___ Attached to this form are details that are specific or special about this gift.
___ I would like to discuss the purpose of my gift with Foundation staff and have them draft a deferred fund agreement (recommended).

Please check all those that apply:

___ Although I wish to be a Legacy Society member, I wish to remain anonymous.
___ I permit the Foundation to use my name in printed lists appearing in such documents as the Foundation's annual report and newsletters for the purpose of encouraging others to make similar gifts.
___ I permit the Foundation to disclose the **type** and / or **amount** of my gift in promotional materials and stories for the purpose of encouraging others to make similar gifts. Please circle those that apply.

My spouse and I would like to be recognized in publications and donor rosters as follows (please print):

_____

Name: _____Spouse's Name: _____
Address: _____
Address: _____
Telephone: _____
Date of Birth: _____Spouse's Date of Birth: _____

If possible and you are willing, please attach a letter or that part of your estate planning document which further describes the nature of the above mentioned provision(s) in which the Springfield Foundation is mentioned.

_____ _____ _____ _____
(Donor Signature) Date (Spouse Signature) Date