

# PLANNED GIFT CONFIRMATION FORM

Indian River Community Foundation expresses its appreciation for your commitment to support our community's future with a planned gift. Please take a moment to complete this confidential form and return it to us as a confirmation of your intentions:

**I/We confirm the following planned gift to Indian River Community Foundation:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Balance of Donor Advised Fund | <input type="checkbox"/> Charitable Remainder Trust |   |
| <input type="checkbox"/> Bequest                       | <input type="checkbox"/> Pooled Income Fund         |   |
| <input type="checkbox"/> Charitable Gift Annuity       |   |   |
| <input type="checkbox"/> Beneficiary Designation of:   |   |   |
| <input type="checkbox"/> Retirement Account            | <input type="checkbox"/> Life Insurance             | <input type="checkbox"/> Investment Account |
| <input type="checkbox"/> Annuity                       | <input type="checkbox"/> Other: _____               |   |

Estimated \$ value of gift: \_\_\_\_\_

- Designation of gift:
- Unrestricted
  - IRCF Operating Endowment Fund
  - IRCF Grantmaking Endowment Fund
  - Existing Fund Name: \_\_\_\_\_
  - New Fund Name: \_\_\_\_\_

We welcome you as a member of the Alma Lee Loy Legacy Society, which was established in 2011 and recognizes donors who use Indian River Community Foundation to carry out their estate plans. Members of the Society have planned gifts today to provide benefits to our community in the future. Please indicate below how you would like your name to appear for recognition purposes or if you wish to remain anonymous.

I/We grant you permission to publish my/our name(s) as follow:  
\_\_\_\_\_

(Please print your name as you would like it to appear in our recognition materials)

I/We wish to remain anonymous

Name	Name of Spouse ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone 1 ( <i>home/cell/work</i> )	Phone 2 ( <i>home/cell/work</i> )	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature	Date of Birth	Signature	Date of Birth	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Jeffrey R. Pickering, President and CEO, Indian River Community Foundation	Date
<input type="text"/>	<input type="text"/>