

Tell Us About Your Legacy Gift Statement of Intent

PO Box 50 • Salem, IN 47167 812-883-7334 www.wccf.biz

Thank you for your generous commitment to Washington County and for creating your Legacy through the WCCF. To best understand your intentions for this gift, we ask that you please complete the form with as much detail <u>as you are comfortable sharing.</u> The information you provide is not legally binding and we understand that you may wish to change your gift in the future.

Your Contact Information			
Name(s)			
Address:			
City:	State	Zip	
Phone:	Email:		
About Your Gift			
If you are willing to disclose inforprovide an estimate value of your	• •	. •	k all that apply. If you choose to
WillTrust	IRA or Retirement Pl	an Assets	Life Insurance Policy
Charitable Remainder Trust	Charitable (Gift Annuity	Other
The approximate value of my gift is	\$	or	% of my estate or residue.
My Gift Will Support			
% Unrestricted gift			
% The Community Found	ation operations		
% An existing Agency or	Field of interest fund	held at WCCF	
% Your existing named fu	and held at WCCF		
% A new named fund			
% Other			

Please return completed form to: 1707 N Shelby St. Salem, IN 47167 or email director@wccf.biz