

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 g	iff to indian River Community Foundation:
_ ' _	aritable Remainder Trust oled Income Fund
Retirement Account Annuity	☐ Life Insurance ☐ Investment Account ☐ Other:
	r Community Foundation Unrestricted
☐ New Fund N	Name:
2011 and recognizes donors who use Incestate plans. Members of the Society hat community in the future. Please indicate recognition purposes or if you wish to rel	· · · · · · · · · · · · · · · · · · ·
I/We grant you permission to publis	n my/our name(s) as follows:
(Please print your name as you would l	ike it to appear in our recognition materials.)
☐I/We wish to remain an anonymous.	
Name	Name of spouse (if applicable)
Address	City, State Zip
Phone 1 Phone 2	2 Email
Date of birth (dd/mm/yyyy)	Spouse date of birth (dd/mm/yyyy)
Signature	Spouse's signature