



Joining the Legacy Society

The Legacy Society provides a way for the Community Foundation of the Ozarks to recognize and celebrate the philanthropy of generous individuals who have made plans to address future needs in our communities. Please complete this form so we can honor you now for your future commitments to our community.

I/we have made a provision in my/our estate plans, and with this form we are informing the Community Foundation of the Ozarks or one of its affiliate foundations of our plans.

I/we understand that this future commitment can be revoked or modified by me/us at any time.

Name(s): _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone Number: _____ **Email Address:** _____

Name of affiliate foundation (if applicable):

I/we have made a provision to leave a legacy through my/our:

- Bequest
- Annuity/life income
- Life insurance
- Retirement plan or IRA
- Other: _____

Name of professional advisor who assisted:

Optional: I/we wish to inform the CFO, for long-term planning purposes only, that the current value of my/our future gift is:

This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value.

I/we understand that by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract or revoke this bequest at any time at my/our sole discretion.

Bequests of \$15,000 or more qualify to be established as a separate named fund. If this is the case, please indicate:

Desired name of the fund: _____

Purpose of the fund: _____

Legacy Society Recognition

- I/we accept membership into the Legacy Society. You may recognize me/us in your list of Legacy Society members.
- I/we accept membership into the Legacy Society but wish to remain anonymous.

Signature: _____ **Printed Name:** _____

Signature: _____ **Printed Name:** _____

Date: _____