

# Estate or Planned Gift Agreement



## Helping Passionate Donors Leave Permanent Legacies

**Welcome to the Community Foundation!** Thank you for choosing the Athens Area Community Foundation. Our staff is available to assist you with a wide variety of services, from fund creation to ongoing grant making and charitable giving services.

This document is intended to inform the Community Foundation of any estate or deferred gifts the Community Foundation should anticipate receiving through your estate plan. If you have any questions about this agreement, please call 706-357-7148 to speak with our President/CEO.

Our legal name is The Athens Area Community Foundation and our tax ID number is 26-1838979.

### 1 Donor Information

#### Donor Advisor 1

\_\_\_\_\_  
First Name MI Last Name Suffix

\_\_\_\_\_  
Preferred Salutation (e.g. Mr. James L. Smith or Jim Smith)

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Work Organization Work Title

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Preferred Email Preferred Phone

#### Donor Advisor 2

\_\_\_\_\_  
First Name MI Last Name Suffix

\_\_\_\_\_  
Preferred Salutation (e.g. Mr. James L. Smith or Jim Smith)

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Work Organization Work Title

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Preferred Email Preferred Phone



2

Planned Gift

You may request that portions of your planned gift be administered in any or all of the following ways. Total of percentages must equal 100%.

Transfer the planned gift to the Community Foundation's permanent fund to help support the unrestricted grantmaking of the Community Foundation

\_\_\_\_\_ % of fund value

Create a Designated Fund for the benefit of the nonprofit organization(s) named below.

\_\_\_\_\_ % of fund value      endowed fund      or      spent out over \_\_\_\_\_ years

Organization: \_\_\_\_\_ %

Organization: \_\_\_\_\_ %

Organization: \_\_\_\_\_ %

Create a named Unrestricted Grantmaking Fund to help meet the greatest needs of the community.

\_\_\_\_\_ % of fund value

Create a Field of Interest Fund to help meet the greatest needs of the community.

\_\_\_\_\_ % of fund value      Field: \_\_\_\_\_

Distribute \_\_\_\_\_ % of the planned gift proceeds to the following nonprofit organizations:

Organization: \_\_\_\_\_ %

Organization: \_\_\_\_\_ %

Organization: \_\_\_\_\_ %

3

Fund Name

Please provide if the gift includes a new fund or adds to an existing fund.

Existing Fund (name): \_\_\_\_\_

New Fund: \_\_\_\_\_



4

Type of Gift

**Will/Bequest** - expected value \$ \_\_\_\_\_ Date of will/trust \_\_\_\_\_

Executor contact information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

*Please attach a copy of the relevant page(s) from the will or trust document(s).*

**IRA/Retirement Plan** - expected value \$ \_\_\_\_\_ % of IRA \_\_\_\_\_

The Athens Area Community Foundation's Beneficiary Status: primary secondary contingent

*Please attach a copy of the IRA/Pension Plan beneficiary documentation or provide information below:*

\_\_\_\_\_  
Plan administrator

\_\_\_\_\_  
Account number or name

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Phone Number

**Life Insurance** - expected value \$ \_\_\_\_\_ % of policy \_\_\_\_\_

The Athens Area Community Foundation's Beneficiary Status: primary secondary

*Please attach a copy of the insurance policy beneficiary documentation including insurance company and policy number or provide below:*

\_\_\_\_\_  
Insurance company

\_\_\_\_\_  
Policy number

\_\_\_\_\_  
Contact name and address

**Charitable Remainder/Lead Trust** - expected value \$ \_\_\_\_\_

*Please attach a copy of the trust document(s), or provide trustee information below:*

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Contact information

**Other** - expected value \$ \_\_\_\_\_

Please explain: \_\_\_\_\_

Please provide any further information you think the Community Foundation should know about your planned gift. Attach additional pages if needed.



**5 Professional Advisor**

If you are working with a financial, tax, or estate planning advisor, please complete the following:

_____ Advisor Name	_____ Firm Name		
_____ Business Address (line 1)	_____ City	_____ State	_____ Zip
_____ Business Address (line 2)	_____ Business Phone		
_____ Email			

**6 Referral**

How did you learn about the Athens Area Community Foundation? (please list contact)

Professional advisor: \_\_\_\_\_

Foundation donor: \_\_\_\_\_

Foundation employee: \_\_\_\_\_

Website or other media: \_\_\_\_\_

Other: \_\_\_\_\_

Would you be willing to be profiled in Foundation materials (i.e. annual report or website)?

Yes      No

**7 Signatures**

**DONOR 1**

\_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DONOR 2**

\_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The Athens Area  
Community  
Foundation**

\_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title