

Donor Information	
Name	
Address	
Phone	
Email	
Existing Fund (If Applicable)	
Fund Name	
Fund Number	

Planned Gift Information

- ☐ I have already included the Community Foundation of Southwest Indiana in my estate plans.
☐ I intend to include the Community Foundation in my estate plans.

Type of Gift (Check All That Apply):

- ☐ Will
☐ Revocable living trust
☐ Retirement account beneficiary
☐ Life insurance beneficiary
☐ Charitable remainder trust
☐ Charitable lead trust
☐ Other:

Recognition

- ☐ Recognize me/us as Legacy Society members
Refer to me/us as: _____
☐ I prefer to remain anonymous.

Gift Designation

- ☐ Add to my existing fund
Fund Name: _____
☐ Create a new fund (Contact me to discuss options)

Estimated Gift

Amount or Percentage (Optional):

Questions?

For questions regarding legacy giving, contact Aimee Stachura, Chief Development Officer, at astachura@cfswi.org or 812.429.1191.

This form is intended to notify the Community Foundation of Southwest Indiana of my current charitable intentions. It is not a legal obligation and may be changed or revoked by me at any time.