

## Estate or Deferred Gift Agreement

### WELCOME TO THE COMMUNITY FOUNDATION FAMILY.

Thank you for choosing The Community Foundation for Greater Atlanta. Our staff is available to assist you at any time with a wide variety of 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 our Director of Gift Planning at 404-688-5525.

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### DONOR INFORMATION

#### Donor 1 (NOTE: all correspondence will be sent to Donor 1 unless otherwise specified)

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Full Name (First, Middle, Last)	Nickname	Preferred Salutation (e.g. Mr. James L. Smith or Jim Smith)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State	Zip
<input type="text"/>	Send mailings to my: <input type="checkbox"/> Home <input type="checkbox"/> Office		
Date of Birth	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Business or Organization Name	Position		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Mobile Phone	Business Phone	E-Mail (Preferred)

#### Donor 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Full Name (First, Middle, Last)	Nickname	Preferred Salutation (e.g. Mr. James L. Smith or Jim Smith)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State	Zip
<input type="text"/>	Send mailings to my: <input type="checkbox"/> Home <input type="checkbox"/> Office		
Date of Birth	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Business or Organization Name	Position		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Mobile Phone	Business Phone	E-Mail (Preferred)

Relationship to Donor 1

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**FUND NAME** – Please provide if the Planned Gift includes a new donor advised fund or adds to an existing fund.

Fund Name:

☐ Existing Fund

☐ New Fund

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**TYPE OF PLANNED 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/Pension Plan** – expected value \$

% of IRA

The Community Foundation for Greater Atlanta's Beneficiary Status: ☐ Primary ☐ Secondary

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

IRA Plan Administrator

Account Number or Name

Contact

Phone number

☐ **Life Insurance** – expected value \$

% of policy

Agent

The Community Foundation for Greater Atlanta's Beneficiary Status: ☐ Primary ☐ Secondary

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

Insurance Company

Policy Number

Contact

☐ **Charitable Remainder/Lead Trust** – expected value \$

*Please attach 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.

*Please attach additional pages if needed.*

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**PROFESSIONAL ADVISOR** — If you are working with a financial, tax or estate planning advisor to structure the gifts to your fund, please complete the following:

Advisor Name		Firm Name	
Business Address (line 1)	City	State	Zip
Business Address (line 2)	Business Phone	E-Mail	

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## REFERRAL

How did you learn about The Community Foundation for Greater Atlanta? (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

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**SIGNATURES** Donors listed in Section 1 must sign below.

<b>Donor 1</b>	Signature	
	Name <i>(please print)</i>	Date
<b>Donor 2</b>	Signature	
	Name <i>(please print)</i>	Date
<b>The Community Foundation for Greater Atlanta</b>	By	Title
	Name <i>(please print)</i>	Date