



LEGACY GIFT CONFIRMATION FORM

The Community Foundation for Brevard deeply appreciates your commitment to support the 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 plans.

I/We confirm the following planned gift to the Community Foundation for Brevard:

- Bequest
- Beneficiary Designation of:
 - Retirement Account
 - Annuity
- Charitable Remainder Trust
- Charitable Gift Annuity
- Life Insurance
- Investment Account
- Other: _____

Estimated \$ value of gift: _____

- Gift Designation:
- Charitable Remainder Trust
 - Existing Fund Name: _____
 - Community Fund/Unrestricted
 - New Fund Name: _____

We welcome you as a member of the Community Foundation for Brevard legacy society which recognizes donors who use the Community Foundation to carry out their estate's charitable plans. Members of the legacy society have planned their gifts today to provide benefits to the community and beyond in the future. Please indicate below how you would like your name to appear for recognition purposes or if you wish to remain anonymous.

- I/We grant you permission to publish my/our name(s) as follows:

Please print your name above as you would like it to appear.

- I/We wish to remain anonymous.

Name Name of spouse (if applicable)

Address City State Zip

Phone 1 Phone 2 Email

Signature

Spouse's signature

Date

Date