



## Bequest Notification Form

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_ Email \_\_\_\_\_

**PROVISION FOR A GIFT** – I/We have made the following provision for a gift to the Jackson Community Foundation  
EIN Number: 38-6070739

- Bequest
- Other Planned Gift (such as insurance beneficiary designation, charitable trust, etc.): \_\_\_\_\_
- I/We intend to make a provision in my/our will for a gift. Simply state the Jackson Community Foundation as a recipient in your will and reference this form for clarification purposes.

### DESIGNATION

- I/We intend for my/our bequest or planned gift to be unrestricted and used at the discretion of the Board of Trustees.
- I/We intend for my/our bequest or planned gift to be added to an existing fund(s) at the Foundation:
- Unrestricted Community Needs Fund      Or       Name of Fund(s): \_\_\_\_\_
- I/ We intend for my/our bequest or planned gift to create a new endowment fund(s) at the Foundation
- Name of Fund(s): \_\_\_\_\_

### RECOGNITION OF YOUR GIFT

Please enroll me/us in **The Carter-Wickwire Legacy Society** of The Jackson Community Foundation and list our names as:

\_\_\_\_\_

\_\_\_\_\_ I/We authorize the Jackson Community Foundation to include my/our names in publications such as the annual report.

\_\_\_\_\_ I/We wish to remain anonymous.

\_\_\_\_\_ Please contact me at the phone number above to discuss recognition issues or other planned giving arrangements.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

*Please notify the Foundation of any changes in your estate plans. Phone (517) 787-1321 Fax (517) 787-4333 or email [www.jacksoncf.org](http://www.jacksoncf.org)*  
**Please return the completed form to:** Jackson Community Foundation, 100 S. Jackson St. Suite 200, Jackson, MI 49201