

As evidence of my/our desire to provide a legacy of support to ***Southwestern Community College:***

I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans.

**It is my/our intent to leave a legacy gift to *Southwestern Community College* through my/our:**

❏ Will ❏ Living Trust ❏ Retirement Plan Assets

❏ Charitable Remainder Trust ❏ Life Insurance Policy ❏ Other

**My/our gift is restricted in support of (Examples):**

**\_\_\_\_\_\_ Named Endowment Fund: to ensure quality education for future generations**

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

I/we wish to inform you for long-term purposes only that, as of this date, the value of my/our gift is $\_\_\_\_\_\_\_\_\_\_\_\_\_.\*   
*(If your gift is a percentage of your estate, please indicate the approximate value of that percentage.)* I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. ***Southwestern Community College Foundation*** kindly requests notification any time you make changes or adjustments to your gift.

I agree to have my/our name(s) published as a member of the 11964 Society (legacy society) as a motivation for others to leave a future gift to benefit Southwestern Community College **. *(Note: The amount of your gift is not published and remains confidential)***

List your name(s) as you would like it (them) in print.

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❏ Please list my/our names

❏ Do not list my/our names either internally/externally (Anonymous gift)

Donor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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