

LEXINGTON *community foundation*

LCF Planned Giving Society Statement of Intent

Thank you for your generous commitment to Lexington Community Foundation (LCF). To better understand your gift, we ask that you please complete this form with as much detail as you are comfortable sharing. The information you provide is not legally binding and we understand that you may wish to change your gift in the future. Questions? Please call LCF at 308-324-6704 or email director@lexfoundation.org.

Your Contact Information

Name (s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

You will receive occasional email updates from LCF. We will not sell, rent, or exchange your email address

Your Gift Documentation

A copy of the legal document which identifies and creates my/our gift is attached

About Your Gift

This statement is an expression of my intent to provide for the future of the LCF through a planned or estate gift. The provision I/We made include:

- Will Trust IRA or Retirement Plan Assets Charitable Remainder Trust
 Life Insurance Policy Current Gift Other _____

The approximate value of my gift is \$_____

Your Gift Will Support

Your gift will be used to increase the LCF endowed funds. Such funds will be invested, used and distributed at the discretion of LCF and will be used to address the most compelling needs and future opportunities in our community.

Acknowledging Your Gift

The Lexington Community Foundation appreciates the opportunity to acknowledge your commitment to the community by publicly recognizing your gift. If you prefer to remain anonymous, however, we will respect your wishes.

_____ I/We permit the Lexington Community Foundation to use my/our name(s) in printed lists of planned gifts, which may appear in the Lexington Community Foundation's newsletter, web site and/or other publications.

_____ I/We prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.

_____ I/We prefer to remain anonymous during and after my/our lifetime(s).

Signature (s): _____ Date _____
_____ Date _____

Please return completed form to: Lexington Community Foundation, PO Box 422, Lexington, Nebraska 68850.