

The Neal & Joy Carlson Legacy Society Enrollment Form

Thank you for letting us know about the gift you plan to leave to the Kosciusko County Community Foundation as part of your estate. The information you provide on this form will be kept confidential.

How you want to be listed

May we list you as a Legacy Society member in our publications (annual report, website, etc.) and on the Legacy Society display in our office?

_____ Yes, I/we would like to be listed.

_____ No, I/we prefer to be anonymous.

If yes, how would you like your name(s) to appear?

Capturing your donor legacy story and photo

We would like to contact you in order to capture your donor legacy story and photo. Please list your contact information below:

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Your professional advisors

We look forward to working with you and your professional advisors to help you achieve your charitable dreams. Please share the names of your advisors below (optional):

Your attorney's name and city/town of practice:

Your financial advisor's name and city/town of business:

Please complete the back side of this form.



Kosciusko County
**COMMUNITY
FOUNDATION**



Neal & Joy Carlson

Neal Carlson was the Community Foundation's first Executive Director. He was instrumental in helping successfully meet Lilly Endowment's GIFT initiative in 1990, which helped expand and diversify the Foundation's assets and impact.

Both Neal and Joy have committed many years of service to our community and they have generously established several endowments at the Community Foundation, the impact of which will be felt, FOREVER.

Please tell us about the estate gift(s) you plan to leave. (Optional)

REVOCABLE BEQUEST

_____ I/we have included a bequest for the Kosciusko County Community Foundation in my/our Will or living trust. I/we anticipate the approximate value of my/our bequest will be: \$_____.

BENEFICIARY DESIGNATION

_____ I/we have included the Kosciusko County Community Foundation as a beneficiary of this asset (check all that apply):

_____ Retirement asset (IRA, 401k, 403b, pension, etc.)

_____ Life insurance policy

_____ Other assets: _____

I/we anticipate the approximate value of the above marked beneficiary designations will be \$_____.

_____ I/we have included the Kosciusko County Community Foundation as an irrevocable beneficiary of a charitable remainder trust.

I/we anticipate the approximate value of this charitable remainder trust designation will be: \$_____.

Thank you for your support!

This form is non-binding and does not constitute a legal promise of any future donation to the Kosciusko County Community Foundation. We understand that bequests are revocable and that your estate plans may change.

Our Contact Information:

(574) 267-1901

Web: www.KCFoundation.org

Email: kcf@kcfoundation.org

Please return this form to:

Kosciusko County Community Foundation

102 E Market Street

Warsaw, IN 46580