



CREATING A LEGACY FOR THE BENEFIT OF OTHERS FOR NOW AND INTO THE FUTURE.

membership application

To honor my faith in the mission of The Community Foundation of South Central Kentucky [CFSKY], I confirm that I have taken steps to make a planned gift to CFSKY.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I have included the CFSKY as a beneficiary of my trust or estate plan as follows:

BEQUEST [Will or Trust]

_____ Percentage [_____ %] _____ Residual [_____ %] _____ Specific
 _____ Contingency _____ Other _____

RETIREMENT PLAN

_____ Percentage [_____ %] _____ Other _____

CHARITABLE TRUST

Present size of Trust Corpus \$ _____ The CFSKY's % of Trust _____ %
 Trustee _____

LIFE INSURANCE POLICY

Policy Face Amount \$ _____ Current Cash Value \$ _____
 Type of Policy _____ Policy Number _____
 Company Name _____

ESTIMATED VALUE OF GIFT \$ _____

GIFT IS : Unrestricted Donor Advised Field of Interest Restricted

DONOR RECOGNITION

Please include me as a member of The CFSKY's Infinity Circle including participation in all publications and events. Please list my/our name(s) as _____

I/We prefer to remain anonymous. Please do not publish my/our name(s).

Signature _____ Date _____