

Estate or Deferred Gift Agreement

WELCOME TO THE COMMUNITY FOUNDATION FAMILY

Thank you for choosing the Community Foundation for Greater Atlanta. Our team is available to assist you at any time with a wide variety of charitable giving services.

This document is intended to inform the Community Foundation of any estate or deferred gifts the Community Foundation should anticipate receiving through your estate plan. If you have any questions about this agreement, please call 404.688.5525 and ask to speak with a member of our philanthropy team.

Our legal name is The Community Foundation for Greater Atlanta, Inc. and our tax ID number is 58-1344646.

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Donor Information

Donor 1 (NOTE: *all correspondence will be sent to Donor 1 unless otherwise specified*)

Full name <i>(first, middle, last)</i>	Nickname	Preferred salutation <i>(e.g. Mr. James L. Smith or Jim Smith)</i>		
Home address	City	State	Zip	
Date of birth	Send mailings to my:		Home	Office
Business or organization name	Position			
Business address	City	State	Zip	
Preferred phone	Preferred Email			

Donor 2 (NOTE: *all correspondence will be sent to Donor 1 unless otherwise specified*)

Full name <i>(first, middle, last)</i>	Nickname	Preferred salutation <i>(e.g. Mr. James L. Smith or Jim Smith)</i>		
Home address	City	State	Zip	
Date of birth	Send mailings to my:		Home	Office
Business or organization name	Position			
Business address	City	State	Zip	
Preferred phone	Preferred Email			



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Planned Gift

You may request that portions of your planned gift be administered in any or all of the following ways. Total of percentages must equal 100.

Transfer the planned gift to the Community Foundation’s permanent fund to help support the unrestricted grantmaking of the Community Foundation.

% of fund value

Create a designated fund for the benefit of the nonprofit organization(s) named below.

% of fund value permanent fund spend out over years

Organization: %

Organization: %

Organization: %

(if more, please add a page)

Create a named unrestricted grantmaking fund to help meet the greatest needs of the metro Atlanta area.

% of fund value

Create a Field of Interest Fund to help meet the greatest needs of the greater Atlanta area in a specified field.

% of fund value Field:

Distribute % of the planned gift proceeds to the following nonprofit organizations:

Organization: %

Organization: %

Organization: %

(if more, please add a page)

3

Fund Name – Please provide if the gift includes a new fund or adds to an existing fund.

Existing fund (name)

New fund



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4

Type of Gift

Will/Bequest – expected value \$

Date of will/trust

Executor contact information

Name

Phone number

Address

City

State

Zip

Please attach a copy of the relevant page(s) from the will or trust document(s).

IRA/Retirement Plan – expected value \$

% of IRA

The Community Foundation for Greater Atlanta’s Beneficiary Status:

primary

secondary

contingent

Please attach a copy of the IRA/Pension Plan beneficiary documentation or provide information below:

Plan administrator

Account number or name

Contact

Phone number

Life Insurance – expected value \$

% of policy

Agent

Phone number

The Community Foundation for Greater Atlanta’s beneficiary status:

primary

secondary

Please attach a copy of insurance policy beneficiary documentation including insurance company and policy number or provide below:

Insurance company

Policy number

Contact name and address

Charitable Remainder/Lead Trust – expected value \$

Please attach copy of the trust document(s), or provide trustee information below.

Trustee

Contact information

Other – expected value \$

Please explain:

Please provide any further information you think the Community Foundation should know about your planned gift. Attach additional pages if needed.



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5 Professional Advisor — If you are working with a financial, tax or estate planning advisor, please complete the following:

Advisor name	Firm name		
Business address (line 1)	City	State	Zip
Business address (line 2)	Business phone	Email	

6 Referral

How did you learn about the Community Foundation for Greater Atlanta? (please list contact)

Professional advisor:

Foundation donor:

Foundation employee:

Website or other media:

Other:

Would you be willing to be profiled in Foundation materials (i.e. annual report or website)? Yes No

7 Signatures Donors listed in Section 1 must sign below.

Donor 1	Name <i>(please print)</i>	
	Signature	Date
Donor 2	Name <i>(please print)</i>	
	Signature	Date
Community Foundation for Greater Atlanta	Name <i>(please print)</i>	Title
	Signature	Date