

# 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.**

### 1 DONOR INFORMATION

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

Full name (first, middle, last)	Preferred name	Preferred salutation (e.g. Mr. James L. Smith or Jim Smith)		
Home address	City	State	Zip	
Date of birth	Send mailings to my:		Home	Office
Business or organization name	Position			
Business address	City	State	Zip	
Phone (preferred)	Email (preferred)	Ethnicity*		

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

Full name (first, middle, last)	Preferred name	Preferred salutation (e.g. Mr. James L. Smith or Jim Smith)		
Home address	City	State	Zip	
Date of birth	Send mailings to my:		Home	Office
Business or organization name	Position			
Business address	City	State	Zip	
Phone (preferred)	Email (preferred)	Ethnicity*		

\*If you would like to provide information on ethnicity/race, it helps us compile statistics on philanthropic giving.



## Estate or Deferred Gift Agreement (page 2 of 6)

### DONOR INFORMATION (continued)

#### Donor 3 (NOTE: all correspondence will be sent to Donor 1 unless otherwise specified)

Full name (first, middle, last)	Preferred name	Preferred salutation (e.g. Mr. James L. Smith or Jim Smith)		
Home address	City	State	Zip	
Date of birth	Send mailings to my:		Home	Office
Business or organization name	Position			
Business address	City	State	Zip	
Phone (preferred)	Email (preferred)	Ethnicity*		

#### Donor 4 (NOTE: all correspondence will be sent to Donor 1 unless otherwise specified)

Full name (first, middle, last)	Preferred name	Preferred salutation (e.g. Mr. James L. Smith or Jim Smith))		
Home address	City	State	Zip	
Date of birth	Send mailings to my:		Home	Office
Business or organization name	Position			
Business address	City	State	Zip	
Phone (preferred)	Email (preferred)	Ethnicity*		

\*If you would like to provide information on ethnicity/race, it helps us compile statistics on philanthropic giving.



## 2 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 planned gift proceeds

Create a named 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 planned gift proceeds

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

% of planned gift proceeds    Field:

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

Organization:		%
Organization:		%
Organization:		%
(if more, please add a page)		

Contribute to a new or existing donor-advised fund to be managed by successors. If so, please complete a Succession Plan Agreement for a donor-advised fund.

## 3 FUND NAME - Please provide if the gift includes a new fund or adds to an existing fund.

Existing fund (name)

New fund



#### 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

contingent

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.



**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
Email	Business phone	Ethnicity*	

*\*If you would like to provide information on ethnicity/race, it helps us compile statistics on philanthropic giving.*

**6 SIGNATURES** Donors listed in Section 1 must sign below.

**DONOR ADVISOR 1**

Name (please print)	Signature	Date
---------------------	-----------	------

**DONOR ADVISOR 2**

Name (please print)	Signature	Date
---------------------	-----------	------

**DONOR ADVISOR 3**

Name (please print)	Signature	Date
---------------------	-----------	------

**DONOR ADVISOR 4**

Name (please print)	Signature	Date
---------------------	-----------	------

**COMMUNITY FOUNDATION FOR GREATER ATLANTA REPRESENTATIVE**

Name (please print)	Signature	Date
---------------------	-----------	------

Title (please print)



## Additional Information

**A**

### FAMILY MEMBERS

Spouse or Partner:	Date of birth:
Child:	Date of birth:
Child:	Date of birth:
Child:	Date of birth:

**B**

### CHARITABLE INTERESTS

To help us serve you better, please indicate your philanthropic interest. *(Please check all that apply)*

Arts and culture	Power and leadership
Housing	Wealth-building
Places (neighborhoods)	Other:

I am interested in serving on a volunteer committee of the Community Foundation.  
I would like to learn about funding opportunities in my areas of interest.

**C**

### MOTIVATION

What motivated you to establish this fund? *(Please check all that apply)*

Involve multiple generations in giving	Benefit the community	Reduce tax burden
Leave a legacy	Learn about a specific issue	Other:

**D**

### REFERRAL

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

Professional advisor:	Family/friend:
Foundation employee:	Website/media:
Foundation donor or board member:	Other:

**E**

### OTHER

Would you be willing to encourage philanthropy with others by sharing your story in Foundation materials?

Yes      No