



**Derby Community Foundation
Legacy Society Statement of Intent**

My/Our gift to the Derby Community Foundation will be made through the following plan(s):

_____ I included the Foundation in my will;

_____ I created a charitable trust with the Foundation as a beneficiary;

_____ I named the Foundation as a beneficiary in a life insurance policy;

_____ I made other provisions (designating the Foundation as beneficiary of a life estate, other life income gift, or retirement plan asset, for example); please describe:

Name: _____

Address: _____

Phone: _____

Email address: _____

Name and Phone Number of Attorney/Financial Advisor (if applicable): _____

Please indicate:

_____ I approve of listing my name as a Legacy Society member in the Foundation's publications.

_____ Please do not publish my name as a Legacy Society member.

Return this Statement of Intent to:

Derby Community Foundation

PO Box 372

Derby, KS 67037

(316) 788-9815 Email: admin@derbycf.org

Derby Community Foundation
SAMPLE Planned Gift Document Language

All the rest and residue of the estate (or a percentage) to be distributed to the **Derby Community Foundation**, Derby, Kansas into the **Donor Name(s) Endowed Fund or name of existing fund** with distributions to be made pursuant to a separate Donor Advised Memorandum Grantors intend to have on file at the Foundation.

SAMPLE Memorandum

The purpose of this memorandum is to confirm our mutual understanding of **Donor Name(s)** intentions for the **Endowed Fund Name or Legacy Gift to the existing fund name** to be established at the time of my death.

(For Named Endowed Fund) Donors request that the endowed fund make annual grants to the following designated charities in the following percentages with the total annual payout to be based on the spending policy of the Derby Community Foundation:

<u>Percentage</u>	<u>Charity</u>
25%	Favorite Charity 1
25 %	Church
50 %	DCF Operational Endowment Fund

(For Legacy Gift to Existing Fund) Donors request that the planned gift be distributed to the **name of existing fund** (Community Enrichment Grant Fund, for example) to continue the intent of this fund.

Donors request that if any of the charities or funds noted above goes out of business or cease to exist as a qualified 501(c)(3) tax-exempt organization, then that shares shall be distributed to the Derby Community Foundation Operational Endowment Fund.

Donors agree to be listed in any publications of the Derby Community Foundation, unless otherwise specified. All distributions shall be made in the name of "Donor Name(s)."

Donors understand that should their philanthropic goals change in the future, they may request a change to this document in a way that will meet the charitable requirements of the Foundation.

Should the status of any of the organizations or funds above be altered in any way that is in conflict with the charitable purposes of the Foundation, Donors understand that the Variance Power of the Derby Community Foundation, as described in the Foundation's Bylaws, will be imposed.

Donor Name	Date	Donor Name	Date
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Theresa A. Hearn, Executive Director

Date