

Declaration of Fut	ture Intent	□ New Intention □	Updated Intention			
Thank you for your intention to include complete this form with as much detect so that we can appropriately honor your does not create a binding obligation.	ail as you are willing to sha	re, as it is important to do	cument your intent			
Personal Information						
Name:		Date of Birth:				
Spouse's Name:		Date of Birth:				
Address:	City:	State:	Zip:			
Email:	Phone:					
Gift Information						
I/We have provided a gift to Rockford	d Education Foundation as s	set forth in my/our:				
☐ Will or Living Trust	□ Life I	☐ Life Insurance Policy				
☐ Retirement Plan Beneficiary Designa	ation 🗆 Chari	☐ Charitable Gift Annuity				
(IRA, 401k, 403b, Keogh)		☐ Charitable Remainder Trust				
☐ Other Beneficiary Designation (Donor Advised Fund, Brokerage Account Checking/Savings Account, etc.)	nt	☐ Charitable Lead Trust☐ Other Asset(s) (please describe):				
☐ Rockford Education Foundation is a Please explain:						
Gift Value						
Please note that providing this informa	ation is a voluntary, non-bind	ling, and confidential disclo	sure.			
The current estimated value of my/ou	r gift is \$ or	%.				
If a percentage is given, what is the co	urrent estimated value of th	e percent in today's dollars	5? \$			
Gift Purpose						
☐ It is my/our intention that our future	gift be undesignated to sup	oport the greatest need.				
$\hfill\square$ It is my/our intention that our future	gift be designated to the fo	ollowing area:				
☐ I/We would like to speak with some	one to discuss how to direct	my/our gift for the greates	st impact.			

 \square I/We would like to establish a named endowment with my/our future gift.

Recognition Preference				
Donors who provide a planned gift to benefit	the REF v	vill be welcomed into	the REF Legacy	Society.
☐ I/we prefer no public recognition.				
☐ Please list my/our name(s) as follows:				
Estate Contact Information				
Although optional, the following information	is very he	elpful.		
Executor/Trustee (if your gift is through a will an	nd/or living	trust)		
Name:				
Address:	City:		State:	Zip:
Email:		Phone:		
Administrating Company (such as TIAA, Fidelity	v eta if ve	ur gift is through a rotire	mont account or lif	o incurance policy)
Name:				
Address:				
Email:		Phone:		
Additional Contact/Relationship (family memi	ber, attorne	y, etc.).		
Name:		Relationship:		
Address:	City:		State:	Zip:
Email:		Phone:		
Signature(s)				
I/We understand that I/we are not making a le	aal ar bin	ding commitment up	on my/our ostato	by submitting this
form, and any details about my/our gift will				
understands that the size of my/our future gir				
valuation. If for any reason in the future the Fo				
Foundation so that their records can be updat	ed and my	our names can be re	moved from the F	REF Legacy Society.
Signature 1:			Date:	
Signature 2:			Date:	

Please return this form directly to your Foundation contact or to

Rockford Education Foundation PO Box 777 Rockford, MI 49341 ref@rockfordschools.org 616.863.6317

Learn more about Planned Giving Opportunities



rockfordEDfoundation.org/planned-giving

