

Bequest Society

Northern Chautauqua Community Foundation

honoring those with plans to leave a charitable gift to the NCCF through their will or estate plan

Declaration of Commitment:

I share the NCCF's vision of a vibrant prosperous community rich in opportunity for generations to come and have designated the NCCF as a beneficiary of my estate.

name(s)		
address1		
address2		
city	state	zip
phone	email	
attorney (optional)		



I have made provisions through:

- | | |
|---|--|
| <input type="checkbox"/> My Will | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Other Asset _____ |
| <input type="checkbox"/> Life Insurance Policy | |

Details of my gift:

You may also include an estimate of your commitment. This information will be kept confidential.)

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Purpose of gift:

- Add to an existing fund (or funds)

Fund name: _____

- Create a new fund (fund minimums required)

- Unrestricted

Fund name: _____

- Restricted

Fund name: _____

Membership in the Society:

- I wish to become a member of the Northern Chautauqua Community Foundation's Bequest Society.
- For recognition purposes, I wish my name to be listed as follows:

- I wish to make this bequest intention anonymously and not have my name listed for recognition purposes at this time.
- If for any reason, my circumstances change, I will inform NCCF.

I understand that this Declaration of Commitment is not legally binding and may be changed at my discretion.

signature(s)

date

printed name(s)



NORTHERN CHAUTAUQUA
**COMMUNITY
FOUNDATION**

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