

# PERRY COUNTY COMMUNITY FOUNDATION

## LEGACY LEAGUE MEMBERSHIP FORM



***“One generation plants the trees . . . Another gets the shade.”***

This Chinese proverb is at the heart of the Legacy League.

Creating a legacy to benefit future generations.

Yes, I/we have provided a gift for our community through the Perry County Community Foundation in my estate plans. Please enroll me/us as a member of the Legacy League.

My/our gift will be in the form of:

- Will/Bequest       Beneficiary Designation  
 Other (please specify) \_\_\_\_\_

I expect my gift will amount to \$ \_\_\_\_\_ (optional)

The purpose of my/our gift is:

To establish a new fund called \_\_\_\_\_  
to benefit \_\_\_\_\_

To add to the existing fund \_\_\_\_\_

(Please visit [www.perrycommunityfoundation.org](http://www.perrycommunityfoundation.org) for a list of our family of funds.)

If this is an agency/designated fund, may the beneficiary organization(s) be informed of your intention to make a planned gift to the fund that benefits them?    Yes    No

To benefit the community as determined by the PCCF Board of Trustees

Please print:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email \_\_\_\_\_

Select One:

- Yes, please print my/our name as above in your publications.  
 No, please leave my/our gift as anonymous in your publications during my/our lifetime(s). You may recognize my/our gift after you receive it.  
 No, please leave my/our gift as anonymous during and after my/our lifetime(s).

Return this completed form to: Perry County Community Foundation, PO Box 13, Tell City, Indiana 47586  
812.547.3176 ▪ [www.perrycommunityfoundation.org](http://www.perrycommunityfoundation.org) ▪ [sallyh@perrycommunityfoundation.org](mailto:sallyh@perrycommunityfoundation.org)