



LEGACY SOCIETY

I intend to support the Falls of the Ohio Foundation through one or more planned gift mechanisms. I understand that this information is to be kept confidential and intended to help the Foundation grow and administer my future gift in a way that honors my charitable intent.

FULL NAME:

FULL ADDRESS:

CITY, STATE, ZIP:

EMAIL: PHONE:

DATE OF BIRTH: PARTNER'S NAME:

Please mark all applicable gift methods.

- A bequest in my last will testament
- A bequest in my living trust
- A beneficiary designation in my IRA
- A beneficiary designation in a life insurance policy
- A life-income gift plan (e.g., charitable remainder trust)
- A charitable trust
- A charitable lead trust

Other

Are there any details about your gift that you would like to share? Specifically, is there a particular project, program, or fund? Is there an estimated value of the gift that would help the Foundation plan accordingly to accept your gift and honor your charitable intent?

A provision for the Falls of the Ohio Foundation is also included my partner's estate plan.

RECOGNITION

I (We) allow the Falls of the Ohio Foundation to include my (our) names in the Legacy Society listing online, in donor reports and other places (no gift details will be shared).

I (We) wish to be listed as follows:

I (We) wish to remain anonymous.

I (We) understand that if this gift is for a specific purpose outside of general support, the Falls of the Ohio Foundation will maintain my original charitable intent but, should that purpose be fulfilled already, the Foundation may use my gift in a way that elevates their mission in the area of the greatest need.

SIGNATURE: _____

Direct Questions or Return Form To:
 Kenton Wooden, Executive Director, at 812-283-4999 or kenton@fallsoftheohio.org
 Falls of the Ohio Foundation
 201 W. Riverside Drive
 Clarksville, IN 47129