



Yavapai College Foundation Legacy League

In recognition of your intention, it is our great pleasure to induct you as a member of the Yavapai College Foundation Legacy League. This select group comprises those having made a thoughtful and generous planned gift to support YC's mission.

- Yes, you may publicize my/our name as members of the YCF Legacy League. I/ would like our name(s) listed in publications and on the donor wall as: _____
- I/We prefer that my/our intention is to remain anonymous.

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Your Charitable Bequest Intention
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Please use this form to share specifics of your bequest intention for the benefit of Yavapai College through the YC Foundation. This form is for informational purposes only. Your estate is not (and will not be) legally bound by submitting this statement but remains revocable and can be modified at any time.

This information will be held in strictest confidence.

Your Name(s): _____

Address: _____ City: _____

State: _____ Phone: _____ Email: _____

Bequest specifics

As evidence of my/our desire to provide a legacy of support for the benefit of Yavapai College through the YCF Foundation, I/we wish to inform YCF that you have been named in our estate plans.

As of this date, the approximate value of my/our gift is \$ _____ (If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.)

Please check the appropriate box:

- Outright Bequest** - When you leave a specified dollar amount, personal property, life insurance etc. to the college.
- Residual bequest** - A residual bequest enables you to leave what remains in your estate, or a portion of what remains, after all outright bequests, expenses of death, debts and taxes have been paid.

I/We designate this gift to be used for:

- Unrestricted Support (where the need is greatest) OR The following Department or Program _____

Yavapai College Foundation

Charitable Bequest Intention

Bequest is in: ___ Will ___ Revocable Trust ___ Life Insurance ___ Other (please indicate)

Execution date of the will/trust: _____

Attorney of Record: _____

City/State: _____

Phone: _____

Executor of estate: _____

Address: _____

Phone: _____

Relationship to you: _____

I have attached a photocopy of the relevant portion of my will revocable trust.

Date: _____

Donor Signature

Donor Signature