



## **WOMEN'S GIVING CIRCLE of HOWARD COUNTY BEQUEST INTENTION FORM**

I (We) desire to inform you that I (we) have included a bequest to the Community Foundation of Howard County in my (our) estate plan. I (We) wish to inform the foundation, for long-term planning purposes only, that the estimated current value of the gift is approximately \$\_\_\_\_\_.

*(If gift is a percentage of your estate, please indicate the approximate value of that percentage.)*

It is my (our) pleasure to make this gift to the Community Foundation of Howard County for the benefit of the **Women's Giving Circle of Howard County** through a gift of:

- Cash     Will     Living Trust     Retirement Plan Assets     Charitable Remainder Trust  
 Life Insurance Policy     Other \_\_\_\_\_

I (We) understand that this gift is revocable and can be changed at any time. I further understand that I (We and/or My Estate) am not legally or morally obligated to fulfill this intention if I choose to modify or cancel my gift at a future date.

I (We) understand that by stating an amount our estates are not legally bound by this statement. I (We) will inform you if I (we) change my intent toward your organization or if the value of my (our) gift significantly increases or decreases.

All planned giving donors qualify for inclusion and recognition as **Howard Legacy Society** members of the Community Foundation of Howard County. This is our way of thanking and recognizing you for your contributions to our work. Should a Howard Legacy Society member wish to remain anonymous, that request is respectfully honored.

Please recognize me (us) as: \_\_\_\_\_ or  I (we) wish to be anonymous

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Estate Planner/Advisor and Org.: \_\_\_\_\_

Donor Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Thank you for your generosity in supporting our mission!

Please return this form to:

**Community Foundation of Howard County**  
**6680 Martin Road, Columbia, MD 21044**  
**410-730-7840**  
**www.CFHoCo.org**