

Donor Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Joint Donor / Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  Mobile  Home  Business Email \_\_\_\_\_

**GIFT INFORMATION**

Will / Living Trust  Real Estate  Retirement Account  Life Insurance Policy  Charitable Remainder Trust  
 Does your gift benefit someone else (i.e. spouse or family member) before RCCD?  Yes  No  
 If so, does that person have a similar gift provision?  Yes  No Date of birth of survivor beneficiary \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Additional gift details \_\_\_\_\_  
 This provision is stated as  Specific dollar amount  Specific Asset(s)  Percentage of Estate  Residue of Estate  
 Please provide a good faith estimate of the current dollar value of this provision \$ \_\_\_\_\_

**GIFT DESIGNATION AND ACKNOWLEDGMENT**

I / We would like this gift to be  Unrestricted (used where the need is greatest)  Applied to the following area(s)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 I want this gift to set up a new named and/or restricted fund (a fund with award criteria)  
 This is my first time alerting the district of my/our intentions  
 This is an update to a previously recorded intention to the district  
 I / we wish to remain anonymous; please **DO NOT** list my name in contribution or district publications.

RCCD recognizes that values of deferred gifts as well as the provisions themselves may change over time. My signature below verifies that this information is accurate as of the date indicated and does not represent a binding commitment to the district.

Donor Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Joint Donor / Spouse Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

