



Estate Gift Notification Form

To formalize your future estate gift to the Northern Piedmont Community Foundation, we request written documentation of your intention. It is useful, but not mandatory, for NPCF to receive a copy of the relevant section(s) of your plan. Please include only the information you are comfortable sharing. Your gift intention will be kept strictly confidential and will be recognized only with your approval.

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday (Mo/Yr): _____ Spouse Birthday: _____

Telephone: _____

Email: _____

TRUSTEE OR EXECUTOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday (Mo/Yr): _____ Spouse Birthday: _____

Telephone: _____

Email: _____

NPCF SOCIETY INFORMATION

We are pleased to recognize you as a member of the NPCF 2000 Society in our annual report and other publications. Please indicate your recognition preference by checking one of the following:

- Please list my/our name(s) as: _____
- I/We wish to be anonymous

One of the most effective ways of raising awareness about the importance of legacy gifts is to periodically profile our NPCF 2000 Legacy donors, sharing with others the story of why they support us.

- I/We would be honored to be profiled in a future Northern Piedmont Community Foundation publication. Please contact me/us.

BEQUEST INFORMATION

The Northern Piedmont Community Foundation is named as a beneficiary of (check all boxes that apply):
If willing to share the information, please include the current estimated value of the asset.

- Section of my will or trust: _____
- Retirement Account/Plan*: _____
- Life Insurance Policy: _____
- Investment or Financial Account*: _____
- Other asset*: _____

**NOTE: Please note that many firms do not contact beneficiaries when the account holder is deceased. Therefore, if you designate the Northern Piedmont Community Foundation as a beneficiary of any account not covered by your will, please notify NPCF so we are aware of the designation and able to claim the assets when the time comes.*

DESIGNATION

- I/We request that funds be used to support critical needs.
- Additional information or directions regarding my bequest that NPCF should be aware of:

Signature*: _____ **Date:** _____

Signature*: _____ **Date:** _____

*This form is non-binding

Thank you for your continued support of NPCF and for sharing your plans with us. We anonymously track the total number of intended estate gifts and this information helps us attract additional donors. By notifying NPCF of your gift you are helping to leverage even more future support.

Please return this form to:

Northern Piedmont Community Foundation
P.O. Box 182, Warrenton, VA, 20188
Phone: (540) 349-0631 | Email: jbwilson@npcf.org