



Please use this form to share details with us regarding your intentions to leave a legacy that will benefit children and families for years to come. **The Cornerstones of Care Foundation (Federal Tax ID 43-1623792), accepts planned gifts on behalf of Cornerstones of Care to support its mission of partnering for safe and healthy communities.** As with any decision involving your assets, we urge you to seek the advice of your professional counsel when considering an estate gift.

This form is for informational purposes only. Your estate is not legally bound by submitting this statement. Your intentions remain revocable and can be modified at any time.

Donor Contact Information:

Name (s) _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Email _____

Planned Gift Specifics:

As evidence of our desire to provide a legacy gift for Cornerstones of Care, I/we wish to inform the Cornerstones of Care Foundation that the organization been named in my/our estate plans.

This gift should be used to benefit the following:

(GREATEST NEED, SPECIFIC PROGRAM, ENDOWED FUND OR OTHER INTEREST AREA)

Please indicate the nature of the gift. (For example, this may be a percentage or amount of the estate, a beneficiary of life insurance or qualified retirement plan such as 401k or 403b, IRA, gift from a trust. etc.) This is not required, but it is helpful for our long-term planning.

Please initial the following statements and sign below:

_____ I understand that if the specific purpose for which this gift is intended ceases to exist, the Foundation may devote the gift for other purposes with consideration of its original intent. (It is recommended that a discussion take place with development staff prior to restricting a gift for a specific project whenever possible for appropriate planning purposes.)

Legacy Society:

In recognition of your intention, the Cornerstones of Care Foundation will include you in our Legacy Society. This society exists to honor all donors who include the Cornerstones of Care Foundation in their estate plans. Names recognized also serve as motivation for others to consider legacy gifts in support of Cornerstones of Care, although you may also choose to remain anonymous.

_____ I/we agree to be acknowledged by name as part of the Legacy Society.

_____ I/we prefer my/our intentions to remain anonymous.

Donor Signature

Date

Added Donor/Spouse Signature

Date

Thank you for sharing this information to ensure that when the time comes, the Cornerstones of Care Foundation understands and can abide by your bequest or other planned gift intentions. We are happy to receive a copy of any other relevant documents for the purposes of stewardship and tracking. Your personal financial information remains confidential.

Please Return To:

Cornerstones of Care Foundation
421 E 137th St
Kansas City, MO 64145

For Questions or To Send Electronic Copies, Please Contact:

Laurie Minx, Planned Giving Specialist
816-508-3608 / Laurie.Minx@cornerstonesofcare.org

For Internal Use Only: Authorized Staff Name/Signature:

Date Form Was Received: