



## DECLARATION OF FUTURE INTENT

Thank you for your intention to include Monroe County Community College in your estate plan. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

**New Intention**

**Updated Intention**

**My/Our Information:**

Name (print): \_\_\_\_\_ Spouse name (if joint gift): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Gift Information:**

I/We have provided a gift to Monroe County Community College as set forth in my/our:

Will or Trust

Charitable Gift Annuity

Life Insurance Policy

Charitable Remainder Unitrust

Other Asset(s) (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

Retirement Plan or Beneficiary Designation  
(401(k), 403(B), IRA, Keogh, Brokerage Account)

MCCC is a contingent beneficiary of the indicated asset above (Please Explain):  
\_\_\_\_\_  
\_\_\_\_\_

The current estimated value of my/our gift is \$\_\_\_\_\_.

My/Our gift is \_\_\_\_\_% of the asset indicated above. If a percentage is given, what is the current estimated value of the percent in today's dollars \$\_\_\_\_\_.

**Gift Purpose:**

**Gift Agreement/Letter** - I/We have signed a Gift Letter or Agreement with Monroe County Community College stating the designation or purpose for this gift.

**I/We have not signed a Gift Letter or Agreement.** It is my/our intention that Monroe County Community College will use this future gift for (Briefly describe the program, or fund you would like your gift to benefit. If multiple areas, please provide percentages or specific amounts):

*Please continue to the reverse side to complete the form*

**Recognition:**

Monroe County Community College welcomes the opportunity to recognize your gift in order to celebrate your generosity and inspire others to follow your example.

You may recognize our intention to give  
(list any conditions below):

I/We wish for my/our intention to be confidential  
and anonymous during our lifetime.

Please list my/our name(s) as follows:

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**Estate Contact Information:** Although optional, the following information is very helpful:

**Executor, Trustee (if your gift is through a Will, Trust):**

**Administrating Company (ie. TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Contact/Relationship you may want us to know (family, attorney, etc.)**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I/We have included a copy of the portion of the portion of my/our estate document that names The Foundation at MCCC as a beneficiary. This document will be kept in a confidential file for our records only.

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. Monroe County Community College understands that the size of my/our future gift may change.

**Signature:** \_\_\_\_\_

**Spouse Signature (if joint):** \_\_\_\_\_

**Date:** \_\_\_\_\_