

If you have made provisions for a gift to the Community Foundation through your estate plan, please complete this form and return to:

York County Community Foundation 14 West Market Street York, PA 17401

Name					
Addre	ess				
City		State _	Z	ip	
Telephone Em		Email			
	I/we have ma	de the follo	wing pro	ovision for a gift:	
	Bequest		□ Cha	ritable Gift Annuity	
	Retirement Plan		□ Cha	ritable Remainder Trus	st
	Life Insurance Policy		□ Oth	er	
	In recognizing this gift, t the following n		=	ndation is authorized t f the <i>1749 Society</i> :	o list
٥	I/we prefer to remain anonymous until after my/our lifetime				
	d, annual distributions fron olicies of the Foundation a	n the Fund,	as deter		
Advisors to th	ne Donor Advised Fund are	:			
Name		<i>A</i>	\ddress/	Phone/Email address	
Name			Address/	Phone/Email address	
By:		E	By:		
Donor	Da	ate	Dono	r	Date
Ву:	rk County Community Fou			York County Commun	ty Foundation
Jane M. Co	nover, President Date			/ /	