

Declaration of Support

Notification of Inclusion of the Cape Fear Community College Foundation in Estate Plan

Providing GENERAL information regarding anticipated community support helps the CFCC Foundation plan for the future. I am pleased to report that I have included the Cape Fear Community College Foundation in my estate plan.

TYPE OF GIFT

<input type="checkbox"/>	As a beneficiary in a will or living trust . Is gift <i>(please circle one)</i> Specific, Residual, or Contingent?
<input type="checkbox"/>	As a beneficiary in a Charitable Remainder Trust or Charitable Lead Trust . % Payout Rate: _____
<input type="checkbox"/>	As a beneficiary of a Retirement Plan .
<input type="checkbox"/>	As a beneficiary in a Life Insurance Policy .
<input type="checkbox"/>	As a beneficiary in a manner not named above . Please specify: _____
Estimated value:	\$ _____
Gift is to be used for:	<input type="checkbox"/> We Are Cape Fear Fund <input type="checkbox"/> CFCC Student Scholarships <input type="checkbox"/> Other not listed. Please specify: _____

RECOGNITION

In regards to listing my name as a member of the Mercer Rowe Society donor recognition program (there is no cost for membership):

<input type="checkbox"/>	I would like my name to appear as _____
<input type="checkbox"/>	Please do not list my name. The commitment should appear "Anonymous".

I trust this information will be held in the strictest confidence and utilized only for estimating the value of future gifts to improve lives through training and education. **It is understood that this Declaration of Support is not legally binding and that the future gift to the CFCC Foundation may be changed without notice.**

Donor Signature	Date	
Print Name	City, State, Zip Code	Phone Number
My Financial/Legal Advisor's Name/Company	Advisor's Phone Number	

Once complete, please mail to: CFCC Foundation, 411 N Front St, Wilmington, NC 28401.
Thank you for including us in your legacy.

For internal use only:

<input type="checkbox"/>	Vice President of Advancement and the Arts	Initials:	Date:
<input type="checkbox"/>	Director of Advancement	Initials:	Date:
<input type="checkbox"/>	Advancement Business Coordinator	Initials:	Date:
<input type="checkbox"/>	Executive Assistant, Advancement and the Arts	Initials:	Date:
<input type="checkbox"/>	Donor Stewardship & Scholarship Coordinator	Initials:	Date: