



Declaration of Intent

As an expression of my commitment to advancing correctional health care for future generations, I intend to make the NCCHC Foundation a beneficiary of my estate plan or a sustaining donor through cash contributions.

Legacy Society Sustained Giving Commitment

To become a member of the NCCHC Foundation Legacy Society, I commit to donating **\$5,000 or more** over a period of up to _____ years:

Annual Gift Commitment:

I pledge to contribute \$_____ per year for _____ years (up to 5 years) to total at least \$5,000.

One-time Gift Commitment:

I pledge a single contribution of \$_____ to qualify for Legacy Society recognition.

I am interested in discussing additional ways to maximize my impact. Please contact me.

Legacy Gift Commitment

Many people choose to give from their assets – stocks, gifts from their IRA, Cryptocurrency and grants from their Donor-Advised Funds to see even greater tax savings.

I have made the following provision for NCCHC Foundation:

- As a beneficiary of my will or trust
- As a beneficiary of retirement plan assets
- As a beneficiary of a life insurance policy
- Other gift provision: _____

(Please select all that apply.)

The estimated current value of my estate gift is: \$_____

This gift amount represents:

- A specific dollar amount
- A percentage of my estate's value
- Part or a remainder of my estate

I have included a gift to NCCHC Foundation via:

- Donor-Advised Fund (DAF) Bequest Trust Life Insurance Policy Retirement Plan
- Other: _____
- I would like my gift to support the **NCCHC Foundation's area of greatest need (Unrestricted).**
- I would like my gift restricted to the following fund or program:

Your Information

Donor's Legal Name: _____
First Name: _____ MI: ____ Last Name: _____ Suffix: ____
Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

Recognition & Documentation

- I wish to be recognized as a **member of the NCCHC Legacy Society. This is for individuals rather than corporate donors.** Please list my name as: _____
- I prefer to remain **anonymous.**
- I have attached/uploaded a copy of the relevant portion of my estate documents (optional).

Legal & Executor Information (Optional)

Attorney Name: _____
Firm Name & Address: _____
Email: _____ Phone: _____

Executor Name: _____
Firm Name & Address: _____
Email: _____ Phone: _____

Signature

Donor Signature: _____ **Date:** _____

Thank you for your generous support of the NCCHC Foundation.

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