

Legacy Gift Notification

I/We desire to continue our support beyond our lifetime and provide for the future well-being of Central Florida seniors with the understanding that this future commitment may be revoked or modified at any time.

Title	First and Last Name	Birthdate	Signature	Date
Spouse Title	First and Last Name	Birthdate	Signature	Date
Address		City, State, Zip		
()		()		
Primary Phone		Spouse Phone		
Primary Email		Spouse Email		

- ☐ I would like my legacy gift to be anonymous.
- ☐ My/Our names may be published to encourage other legacy gifts as follows: _____

Legacy Gift Details

Gift is included in:

- ☐ Last Will and Testament
- ☐ Living Trust

Approximate current value (optional):

\$ _____ % _____

Gift should be used:

- ☐ Over _____ years
- ☐ To establish an endowment named: _____

Gift intention is: ☐ Unrestricted and/or for Greatest Need ☐ Specific Purpose/Program (s)

I have named Seniors First Foundation as a beneficiary of:

- ☐ Life Insurance Policy ☐ Retirement Asset ☐ Stock ☐ Bank Account ☐ Charitable Remainder Trust
- ☐ Charitable Gift Annuity ☐ Other: _____

☐ I am including a copy of the gift details of my estate document to advise Seniors First the language for my intentions. *This will be kept confidential and is optional.*

For more information on making a Legacy gift, contact Chief Philanthropy Officer, Kimberlee Riley, CAP® at 407-867-1998 or kriley@seniorsfirstinc.org