

Join the GHACF Legacy Society

Grand Haven Area
Community Foundation



Why Join the Legacy Society?

The GHACF Legacy Society recognizes generous contributions that will provide significant benefits to our community for good, for all, forever. These long-term gifts will enhance the quality of life for all in Northwest Ottawa County for years to come. **Show your devotion to your community and leave a permanent legacy in your name by joining the Legacy Society!**

Members have named GHACF the beneficiary of a planned or deferred gift. Society membership acknowledges and thanks those who have planned for these gifts - and inspires others to do the same. Legacy Society members are recognized in our annual reports and at an annual event, as you help GHACF truly be here for good, for all, and forever.

Secure Your Legacy in the Community

Join the GHACF Legacy Society today. It's simple:

Fill out the form below mail or email (areeg@ghacf.org) it to GHACF. Then, we'll work together to help you arrange a legacy gift.

I have included the Community Foundation in my financial and/or estate planning using the following methods (check all that apply):

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Bequest in my will or trust | Attorney Firm / Name: _____ |
| <input type="checkbox"/> Life insurance beneficiary | Insurance Agency / Agent: _____ |
| <input type="checkbox"/> Qualified retirement plan beneficiary | Financial Company / Advisor: _____ |
| <input type="checkbox"/> Charitable remainder trust | Attorney Firm / Name: _____ |
| <input type="checkbox"/> Other: _____ | Professional Advisor: _____ |

It is my intention to (check all that apply):

- Leave my gift to the following fund: _____
- Create a named fund with my Legacy gift. I have/will create a Letter of Intent outlining my philanthropic intentions via the Advancement & Donor Services Team.
- Other: _____

Please include me in the GHACF Legacy Society:

- Publicly listed as: _____
- I wish to remain anonymous

Applicant Information

Name(s): _____

Preferred method of contact: Phone Email Address

Phone: _____ Email Address(es): _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate(s): _____ Please send me the Foundation newsletter.

Signature(s): _____ Date(s): _____