Non-Binding

Name:		Date of B	irth:	(optional)
Spouse's Name:		Date of E	Birth:	(optional)
Preferred Phone #:	Email:			
This Intention of Future Philanthropy estate plans. I understand that this is The Lakeland Foundation is confident I will notify The Lakeland Foundation	a nonbinding decla	ration of intent ircumstances ma	and that	any information shared with
I/we have made a charitable contribu	ition to The Lakelar	d Foundation in	our estat	e plan through:
Bequest in a Will or Trust (\$5,00	00 and above), as fo	lows:		
Specific amount: \$	Percentag	e of estate:	%	Remainder of estate:
Charitable Gift Annuity (\$10,000	and above)			
Retirement Plan				
Life Insurance				
Charitable Trust (describe):				
Other (describe):				
The approximate amount of my/our l	bequest, based on t	oday's value, is	\$	
We would like our gift to be used:				
for Lakeland's priority (area of g	reatest need), or			
for the following purpose:				
I/we would like to be recognized pub	licly as a member o	f the Legacy Soc	iety. Plea	se list my/our name(s) as follo
I/we prefer <i>name(s)</i> to remain a	nonymous. I/	we prefer <i>gift</i> to	remain a	nonymous.
Signature:			Date:	
Spouse's Signature (if applicable):				
Attorney's/Adviser's Name (optional):			Adv	riser's Phone:
For questions or further assistance, please	contact interim execu	tive director Tina E	Baucher at	440.525.7103 or

tbaucher1@lakelandcc.edu. Please return this form to The Lakeland Foundation, Lakeland Community College, 7700

Clocktower Drive, Kirtland, OH 44094.