

Planned Gift Form

If you would like more information about how to include the Foundation in your will or how to make a special gift to the college that provides you with annual payments, tax savings, and other benefits, please contact us at the address, telephone number, or e-mail address below.

Karen Sanders
Executive Director LLCC Foundation
5250 Shepherd Road | Springfield, IL 62794
(217) 786-2784 | karen.sanders@llcc.edu



Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth _____

Spouse (Partner's Name) _____

Spouse/Partner's Date of Birth _____

Type of Gift

We have named the LLCC Foundation

- Will/Trust
- Retirement Plan
- Life Insurance Policy
- Charitable Remainder Trust
- Other (please specify):

Purpose of Gift

My/our gift is:

- Unrestricted (used for the area of greatest community need)
- Designated for (interest area, specific nonprofit or fund name)

- Not yet determined. Please contact me to discuss.

Amount of Gift

The estimated value of my/our gift will be \$ _____ or _____ % of my estate/retirement plan/life insurance policy.

Recognition of Gift

You may include my/our name(s) in donor recognition materials. In materials, I/we wish to be referred as:

I/we wish to remain anonymous and do not wish to be recognized publicly at this time.

Signature _____ Date _____

Signature _____ Date _____