

Virginia Community Foundation Legacy Fund Agreement

Please complete all information, sign, date, and return this form to the Foundation office.

Name(s): _____
Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
I would like my Legacy Fund to be named: _____ _____
I would like to make an INITIAL payment of: <input type="checkbox"/> \$150 <input type="checkbox"/> \$250 <input type="checkbox"/> Other \$ _____
I would like to make a MONTHLY payment of: <input type="checkbox"/> \$150 <input type="checkbox"/> \$250 <input type="checkbox"/> Other \$ _____
I would like to make an ANNUAL payment of: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> Other \$ _____
<input type="checkbox"/> I will make occasional contributions. Please apply all future contributions to my Legacy Fund.
<input type="checkbox"/> I would like you to send me an annual pledge reminder
<input type="checkbox"/> I would like to make a one-time gift in the amount of \$10,000
Method of Payment: <input type="checkbox"/> Check (payable to Virginia Community Foundation)
<input type="checkbox"/> Stocks, Bonds, Real Estate
<input type="checkbox"/> Bequest by Will
<input type="checkbox"/> Charitable Gift – Annuity, Trust
<input type="checkbox"/> Beneficiary Designation
<input type="checkbox"/> Credit Card: ___ VISA ___ MC ___ Discover
Card # _____
Exp. Date ___ / ___ / ___ 3 digit code # _____ Date _____
Signature _____



Your community. Your legacy.

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