

The Granby Education Foundation

Evelyn Davis Legacy Society



**GRANBY
EDUCATION
FOUNDATION**

To further the Granby Education Foundation's mission by establishing a legacy endowment which will secure the Foundation's ability to positively impact and enhance the educational and cultural climate of our community.

I. My/ Our Legacy Gift

Date: _____

____ I/We have included The Granby Education Foundation in my/our estate plans.

Type of gift _____ (e.g. bequest, charitable trust, retirement plan, life insurance, etc.)

OPTIONAL INFORMATION:

Value: \$ _____ or _____ % of estate, as of _____ (date)

This gift is _____ revocable _____ irrevocable

Additional information _____

II. Name of Executor/Attorney/Custodian knowledgeable of your legacy gift plans (if any): _____

III. Recognition

Donors who notify the Granby Education Foundation will be recognized as members of the Evelyn Davis Legacy Society and will be listed in the Foundation's periodic publications. Would you like to have your Name(s) listed? Yes ___ No ___

If yes, how would you like to have your name(s) listed?

IV. Records

To ensure our records are up to date, we will periodically reach out to you or your person(s) named in item II above.

V. Please sign and date below:

Name: _____ Date: _____

Name: _____ Date: _____

THANK YOU for your farsighted support of the Granby Education Foundation.