

Legacy Society Enrollment Form

I have made a gift to the Chautauqua Region Community Foundation in my estate plans.	
By submitting this document, I/We will become member(s) of the Foundation's Legacy Society. For publication purposes, I/We provide the following directive:	
I/We give permission to use my/our names(s) in the Foundation's publications and society's membership roster on the web site.	
I/We wish to remain anonymous.	
Name:	_ Date of Birth (year optional):
Name:	_ Date of Birth (year optional):
Address:	
City, State Zip:	
Telephone:	Email:
I/We accept the terms of the Chautauqua Region Community Foundation Legacy Society as set forth above.	
Dated this day of	, 20
Donor Print Name	Donor Print Name
Donor Signature	Donor Signature
Accepted as of the date set forth above.	
By:	
By:	