



Planned Gift Intent Form

Name(s) _____

Address _____

Phone with Area Code _____ E-mail _____

I/We have named Cass Community Social Services, Inc. as a beneficiary in my/our:

- Will or Revocable Trust
- Life Insurance Policy
- Charitable Gift Annuity through the Community Foundation of Southeast Michigan/Other
- Charitable Remainder Trust
- Retirement Assets

My/Our planned gift is:

- Unrestricted (use where needed)
- Designated for a program (circle one) Food, Health Care/Mental Health Care, Housing, Jobs or Other _____
- Capital Improvements _____
- The Cass Endowment Fund

We wish to recognize you as a member of Cass' Tomorrow's Legacy Society for your intention to provide future support to fight poverty and build community in metropolitan Detroit.

- I/We will allow our names to be listed on a donor wall and/or in CCSS publications.
- I/We prefer to remain anonymous.

Signature _____ Date _____

Signature _____ Date _____

To help CCSS with future planning, please consider providing a copy of relevant portions of the legal or financial documents relating your future gift and/or the following information:

Approximate dollar amount or percentage of gift _____

Financial/Legal Advisor Contact _____

Please return this form to:

**Cass Community Planned Giving, 11745 Rosa Parks, Detroit, MI 48206
or e-mail a copy of the form to ccumcac@aol.com THANK YOU!**