



# AGC EDUCATION & RESEARCH FOUNDATION

## LEGACY COMMITMENT FORM

I/we have made provisions in my/our estate planning for the benefit of the AGC Education and Research Foundation.

I/we have provided for the future of the AGC Foundation in the following manner:

- Provision in Will Amount: \$ \_\_\_\_\_ or Percentage % \_\_\_\_\_
- Beneficiary of Retirement Accounts  
Type of plan (IRA, 401(k), etc.): \_\_\_\_\_;  
Percentage % \_\_\_\_\_ Estimated Value: \$ \_\_\_\_\_
- Charitable Remainder Trust
- Provision in Trust
- Real Estate (Home, Farm, Business)
- Charitable Lead Trust
- Beneficiary of a Life Insurance Policy  
Amount: \$ \_\_\_\_\_ or Percentage % \_\_\_\_\_  
AGC Foundation as a beneficiary: \_\_\_\_\_  
AGC Foundation as policy owner: \_\_\_\_\_
- Other designation

\_\_\_\_\_

The estimated current\* value of my/our gift is \$ \_\_\_\_\_

\* AGC Education and Research Foundation recognizes that this value is an approximation and may change due to market and lifetime reasons.

I/we would prefer that my/our gift be used to:

\_\_\_\_\_

### AGC Foundation will receive this gift

- immediately
- upon my death
- upon the death of my surviving spouse
- other

Please mail, fax or email completed form to: Keith Dillon, AGC Education and Research Foundation, 2300 Wilson Blvd., Suite 300, Arlington, VA 22201, [keith.dillon@agc.org](mailto:keith.dillon@agc.org).  
PHONE 703-837-5340; FAX 703-837-5451.

Print Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Print Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_