**Commitment Form: Including Community Servings In My Estate**

I, (Full name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby express my intent to support Community Servings, a 501(c)(3) non-profit organization with Tax ID# 22-3154028, through a gift in my will or trust. I believe in the vital work that Community Servings carries out in providing nutritious meals to individuals and families facing critical and life-challenging illnesses, and I wish to contribute to their mission even after my lifetime. Please find my pledge details below:

**Full Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Legal Bequest**: I hereby designate a percentage of my estate or a specific dollar amount to be given to Community Servings in my will or trust. The designated amount is:

[Percentage or Dollar Amount].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Restricted or Unrestricted Gift:** [Optional: Choose one of the following]
* I leave my gift as an unrestricted gift to be used at the discretion of Community Servings to fulfill their mission and support their programs.
* I leave my gift to be used for a specific purpose as indicated below.
1. **Purpose of Bequest (Optional)**: I understand that my bequest will support Community Servings' ongoing efforts to provide medically tailored meals and nutrition services to individuals and families in need. If there is a specific program or initiative within Community Servings that I wish to support, I have indicated it below\*:

 [Specify the purpose or program, if any]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*In the event that the specific purpose for which the funds were designated is no longer required, Community Servings is authorized to use the funds where they are needed most.*

**Additional Provisions** (Optional):The space below includes any other instructions or provisions related to my gift.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bernie Smith Society Membership:**

Along with my commitment to support Community Servings through a planned gift, I understand that this also makes me a member of the Bernie Smith Legacy Society. The Bernie Smith Legacy Society honors individuals who have demonstrated their dedication to Community Servings' mission and vision by including the organization in their estate plans. As a member, I may be recognized in Community Servings' publications and donor listings unless I choose to remain anonymous. Please recognize me as such in any public instances:

* My Full name as it first appears on this document
* As listed here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I prefer to remain anonymous

**Signer Acknowledgements**:

I recognize that this pledge is not a legally binding document and is intended to serve as an expression of my current charitable intentions. I may modify or revoke this pledge at any time by notifying Community Servings in writing. By signing below, I confirm that I have communicated my intentions to my legal counsel, and I am aware that it is essential to ensure that my will or trust is accurately updated to reflect this bequest intention.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for your commitment to supporting Community Servings in such a meaningful way. Your gift will make a lasting impact on the lives of those we serve. If you have any questions or require further assistance, please feel free to contact us.*