Foundation Office 207-741-5548 smccfoundation@mainecc.edu 2 Fort Rd. South Portland, ME 04106 Attention: SMCC Foundation

during my lifetime.



Bequest Form – Planned Giving

Please submit the form to the	e SMCC Foundation at the mail	ing or email addre	ess above.
Donor Name(s):			
Address:	City:	State:	Zip:
Home Phone:	Mobile Ph	one:	
Email:			
	Maine Community College in t		
Southern Maine Comr	munity College will receive a be	equest under a wi	ll or living trust.
Southern Maine Comr	munity College is named as a p	rimary beneficiary	y of a retirement plan.
Southern Maine Comr	munity College is named as a p	rimary beneficiary	y of a life insurance
policy.			
Southern Maine Comr	munity College is named in a "p	payable on death"	or "transfer on death
account.			
Other (please describe	e):		
Gift amount, approximate am	nount, or description (optional)): \$	
By completing this bequest fo	orm, I become a member of the	e SMCC Legacy So	ciety.
	nission to publicly identify me a ime. If SMCC acknowledges me the following name(s):		
I do not give permission	I do not give permission to be publicly identified as a member of the SMCC Legacy Society		

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In the event of unforeseen circumstances that require any further changes in the above estate planning provisions, I agree to notify Southern Maine Community College of such change.

Donor's Signature	Date	
-		
Donor's Signature	Date	