LEGACY GIVING

SAMPLE LETTER OF INTENT FORM

Thank you for including {Organization Name} in your legacy plans. Please use this form to share details of your intent to provide for the needs of future generations.

| It is with deep satisfaction that (please check one below): | | |
|---|--|--|
| ☐I/We have already made a provision in my/our estate plan. | | |
| ☐I/We shall make a provision in my/our estate plan within the next | months (12 months or less). | |
| | | |
| Gift Information (<i>Optiona</i> l): With {Organization Name} included as a | a beneficiary through a: | |
| ☐ Bequest in a will or trust | ☐Donor-Advised Fund | |
| ☐ Life Insurance Policy | ☐Gift of real estate | |
| ☐Percentage of IRA or other retirement plan | ☐Remainder of a checking or savings account | |
| ☐Gift of securities or stock | ☐Other (please indicate): | |
| ☐Gift that provides lifetime income | | |
| | | |
| Amount of Gift – Please choose one of the following options: □My/our bequest will be a specific amount of \$ | | |
| ☐My/our bequest will be% of my/our estate/IRA/Insurance polic | y | |
| ☐I/we prefer to keep the details of this commitment confidential or ha | ve not determined a valuation. | |
| | | |
| Acknowledgment: | | |
| To encourage others to make commitments to the future, I/We permit r | ny/our name(s) to be listed in printed materials and/ online | |
| | | |
| □I/we permit my name to be listed as: | | |
| □I/we prefer to remain anonymous. | | |
| | | |
| Name(s): | | |
| Address: | | |
| City/State/Zip:: | _ | |
| Phone:Email: | | |
| Date of birth (individual 1):Date of | Date of birth (individual 2): | |
| | | |
| understand that this letter of intent is not a legal obligation and may b | e modified at my/our discretion at any time. | |
| | | |
| | | |
| | | |
| Signed | Date | |
| Signed | Date | |