

LETTER OF INTENT

FOR A FUTURE (ESTATE) GIFT

As evidence of my/our desire to provide a legacy of support to Lancaster County, I/we hereby inform Lancaster County Community Foundation ("Foundation") that I/we have made a provision for a gift to the Foundation in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Name	<input type="text"/>	Second Name (if joint gift)	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Phone	(<input type="text"/>) <input type="text"/>	Email	<input type="text"/>		

It is my/our intent to leave a legacy to the Foundation through my/our:

- | | | |
|--|---|---|
| <input type="checkbox"/> Will | <input type="checkbox"/> Retirement Plan Assets | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Living Trust | <input type="checkbox"/> Charitable Remainder Trust* | <input type="checkbox"/> Other _____ |

I/we wish to inform the Foundation for long-term planning purposes only, that as of this date, the estimated value of my/our gift is: \$_____. (If your gift is a percentage of your estate, please indicate the estimated present value of that percentage.) I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. *The Foundation kindly requests notification any time you make changes or adjustments to your gift.*

This gift will create the following fund type(s) and/ or add to the existing following fund type(s) as further defined by my/our estate plans:

- | | | |
|--|---|---|
| <input type="checkbox"/> Community Impact | <input type="checkbox"/> Field of Interest | <input type="checkbox"/> Pre-existing Organizational Fund(s) _____ |
| <input type="checkbox"/> Designated | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Other pre-existing Fund(s) _____ |

Please choose one of the following:

- Feel free to publish my/our name(s) on your donor list as a motivation for others to leave a future gift to benefit Lancaster County. I/we wish my/our names(s) to appear as:

- Do not publish my/our names. This is an anonymous gift to be shared only in the event of my/our death.

Date	<input type="text"/>	Donor(s) Signature(s)	<input type="text"/>	<input type="text"/>
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* If your CRT beneficiary designation is irrevocable, please enclose a copy of the trust.

** We hope that you will share the approximate amount of your gift with us so that the program will know of your generosity and be able to recognize you appropriately. It is also helpful for us to have on file any supporting documentation which you may be able to share with us. Please attach if possible.