Letter of Intent for a Future (Estate) Gift

As evidence of my/our desire to provide a legacy of support to Children's Center, I/we hereby inform Children's Center of Vancouver, Washington that I/we have made a provision for a gift to Children's Center in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Name Date of Birth Second Name (if joint gift) Date of Birth

Address City State Zip

(_____) _____ (_____)_____

Phone Fax E-mail

It is my/our intent to leave a legacy to Children's Center through my/our:

☐ Will ❒ Retirement Plan Assets ❒ Life Insurance Policy

• Living Trust ❒ Charitable Remainder Trust* __ ❒ Other

I/we wish to inform Children's Center of Vancouver, Washington, for long-term planning purposes only, that as of this date, the value of my/our gift is: $. ***(If your gift is a percentage of your estate, please indicate the approximate 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. *(Children's Center requests notification any time you make changes or adjustments to your gift.)*

Please designate this gift to benefit the program noted below, or to "where the need is greatest":

_____

_____

Please enroll me/us in Children's Centers GIVING **SOCIETY** under the following conditions:

□Feel free to publish my/our name(s) among your lists of GIVING Society members as a motivation for others to leave a future gift to benefit Children's Center. I/we wish my/our names(s) to appear as:

□ Do not publish my/our names on any donor roster (this is an anonymous gift).

Date Donor(s) Signature(s)

* 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.

CHILDREN'S CENTER

Meeting family mental health needs

Children's Center
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TEL (360) 699-2244 FAX (360) 699-1900
WEB: www.thechildrenscenter.org