

CONFIDENTIAL LETTER OF INTENT

All information provided below will be treated strictly confidentially, will be used for Sisters Place's internal purposes only, and is not considered to be a legal or financial obligation.

Sister Place recognizes all those making long-term provisions for it or any of its programs as members of its *Legacy Society*.

Please complete:

- My/our name/s may be published as a member(s) of the *Legacy Society*
- I/we prefer to remain anonymous

Signature: _____ Date: _____

Signature: _____

Print Name/s: _____

Address: _____

City: __ State: ____ Zip: _____

Telephone: _____ Email: _____

Completing this section is optional:

As an indication of my/our support for Sisters Place or one of its programs, I/we am pleased to confirm that I/we have made a provision for _____ (Sister Place) as follows (select all that apply):

- Bequest in my/our Will
- Provision in my/our Revocable Living Trust
- Establishment of a Charitable Remainder Trust
- Establishment of a Charitable Gift Annuity
- Beneficiary Designation in my/our Qualified Retirement Plan or Commercial Annuity
- Life Insurance Gift
- Endowment Fund
- Other

Description of the provision/s and what I would like my support to accomplish:

I/we conservatively estimate the current value of my/our provision to be approximately \$_____. Sisters Place recognizes that values are subject to change and dependent upon unforeseen circumstances. This information will be used only to help Sisters Place project possible future financial support and *is not considered a legally binding obligation*.

I/we worked with the following advisor to establish the gift:

Name: Profession: _____

Company/Address: _____

City: __ State: ____ Zip: _____

Thank you for your generous support!