



CONFIDENTIAL LETTER OF INTENT

All information provided below will be treated confidentially, will be used for Doorways for Women and Families internal purposes only, and is not considered to be a legal or financial obligation.

Doorways for Women and Families recognizes all donors making long term commitments through estate planning provisions or other deferred giving vehicles 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: _____

Date(s) of Birth (optional): _____

As an indication of my support to Doorways for Women and Families, I am pleased to confirm that I have made a provision as follows (select all that apply):

- Bequest provision in my/our Will or Living Trust
 - Bequest is a specific amount
 - Bequest is stated as a percentage or percentage of the residuum
 - Bequest depends upon a contingency

Contingency provision: _____
- Establishment of a Charitable Remainder Trust
- Beneficiary Designation (e.g. qualified retirement plan, commercial annuity, or other vehicle.)
- Life Insurance Gift
- Other

Please provide a copy of the distributive provisions of your will, trust or beneficiary designation form relating to your gift to Doorways. Kindly return those pages with this form in the envelope provided. If you do not wish to provide hard or soft copy, please describe the provision/s including any details related to what you would like your support to accomplish:

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Please consider providing this information: (Optional)

I/we conservatively estimate the current value of my/our future gift to be approximately \$_____. Doorways recognizes that values are subject to change and dependent upon unforeseen circumstances. This information will be used only to help Doorways 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: _____