COMMUNITY FOUNDATION OF THE LOWCOUNTRY

CONFIDENTIAL LETTER OF INTENT

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

The Community of the Lowcountry recognizes all those making long-term provisions for it or any endowed funds managed by it as members of its Legacy Society.

We would be humbled and honored to play a part in maintaining your legacy, and we want to ensure that we recognize you in the way that you desire and collect relevant information so that we are best able to fulfill your philanthropic goals.

Thank you so much for your steadfast generosity and for the impact that it will have on the organizations and causes that you care about the most.

Kind regards,

Emmy Rooney
Vice President of Development and Donor Services

Would you like to remain anonymous?

❑ My/our name/s may be published as a member(s) of the Legacy Society

❑ I/we prefer to remain anonymous

Name(s) (Please print)

Street Mailing Address

City State Zip

Telephone

Email

Completing this section is optional:

As an indication of my/our support for the Community Foundation of the Lowcountry and/or one of its programs, I/we am pleased to confirm that I/we have made a provision for the _____ Fund of the Community Foundation of the Lowcountry 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 $_____.

The Community Foundation of the Lowcountry recognizes that values are subject to change and dependent upon unforeseen circumstances. This information will be used only to help the Community Foundation of the Lowcountry project possible future financial support and is not considered a legally binding obligation.

I/We worked with the following professional advisor to establish the gift:

Advisor's First and Last Name

Profession:

Company/Firm Name:

City City Zip

Phone:

Thank you for your generous support!

Please return this document to the Community Foundation of the Lowcountry, Post Office Box 23019, Hilton Head Island, SC 29925, or email it to Emmy Rooney, VP Development and Donor Services, erooney@cf-lowcountry.org.