

# Letter of Intent for a Future Estate Gift

As evidence of my/our desire to provide a legacy of support to **Mental Health America of Hendricks County**.

I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans. I/we understand that this commitment is revocable and can be modified by me/us at any time.

**It is my/our intent to leave a legacy gift to Mental Health America of Hendricks County through my/our:**

- Will    Living Trust    Retirement Plan Assets
- Charitable Remainder Trust    Life Insurance Policy    Other

I/we wish to inform you for long-term purposes only that, as of this date, the value of my/our gift is \$\_\_\_\_\_.<sup>\*</sup>  
(If your gift is a percentage of your estate, please indicate the approximate value of that percentage.) I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. **Mental Health America of Hendricks County** kindly requests notification any time you make changes or adjustments to your gift.

I agree to have my/our name(s) published on lists of legacy donors as a motivation for others to leave a future gift to benefit **Mental Health America of Hendricks County**. (Note: The amount of your gift is not published and remains confidential)

List your name(s) as you would like it (them) in print.

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- Please list my/our names internally only (No outside publication)
  - Do not list my/our names either internally/externally (Anonymous gift)

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_