



LETTER OF INTENT

For A Future (Estate) Gift

As evidence of my/our desire to provide a legacy of support to Illinois Prairie Community Foundation (IPCF). I/we hereby inform IPCF that I/we have made a provision for a gift to IPCF in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Name

Second Name (if joint gift)

Mailing Address

City State Zip

Primary Phone Number

Secondary Phone Number

Primary Email

Secondary Email

It is my/our intent to leave a legacy to Illinois Prairie Community Foundation through my/our:

Will

Retirement Plan Assets

Life Insurance Policy

Living Trust

Charitable Remainder Trust*

Other _____

I/we wish to inform IPCF for long-term planning purposes only, that as of this date, the estimated value of our gift is: \$ _____.** (If your gift is a percentage of your estate, please indicate the estimated 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. IPCF kindly requests notification any time you make changes or adjustments to your gift.

This gift will create the following fund type(s) and/or add to the existing following fund type(s) as further defined by my/our estate plans:

Donor Advised Fund

Catalyst Fund

Pre-existing Fund _____

Designated/Agency Fund to support a specific nonprofit organization

Name of Organization(s) _____

Field of Interest Fund(s):

Animal Advocacy

Food Insecurity & Nutrition

Human Relations

Arts, Culture & Humanities

Health & Wellness

Nonprofit Incubator

Education

Historic Preservation

Social Justice

Environment & Agriculture

Housing

Youth

Scholarship Fund:

Describe who the scholarship should support: _____



Please choose one of the following:

Feel free to publish my/our name(s) on your donor list as a motivation for others to leave a future gift to benefit Illinois Prairie Community Foundation. I/we wish my/our name(s) to appear as:

Do not publish my/our names. This is an anonymous gift to be shared only in the event of my/our death(s).

Additional Instructions:

If changed circumstances should at some future time make it impossible or impractical to carry out exactly the above purpose in the above manner, then the IPCF Board of Directors may change the purpose and manner as near as it practical to original intent.

Donor Signature(s):

Primary Name

Secondary Name (if joint gift)

Date: _____

** 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.*