8710 N Meridian St
Indianapolis, IN 46260
Phone: 317.663.4242
Fax: 317-663.4244
www.alphagammadeltafoundation.org

FOUNDATION

Letter of Intent for Estate Gift

I/we desire to provide for the future well-being and mission of the Alpha Gamma Delta Foundation through a provision in my/our estate plans and with this letter we are informing the Alpha Gamma Delta Foundation of our plans. I/we understand this future commitment can be revoked or modified by me/us at any time.

_____ _____
Name Name

_____
Address, City, State, ZIP

_____
Phone Fax E-mail

I/we have made a provision to leave a legacy to the Alpha Gamma Delta Foundation through my/our:

___ Life Insurance Policy ___ Retirement Plan or IRA

___ Living Trust ___ Will

___ Other: _____

I/we wish to inform the Alpha Gamma Delta Foundation, for long-term planning purposes only, the current value of my/our future gift is $ _____. (This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value.) I/we understand by stating an amount me/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.

Gift Recognition (choose one)
____ You may publish my/our names in your lists of Corinthian Society members as a motivation for others to leave a future gift to benefit the Alpha Gamma Delta Foundation.

____ I/we do not want my/our names published.

_____ _____ _____
Date Name Name