



CHICAGO DENTAL SOCIETY
FOUNDATION



The Dr. Juliann Bluit Legacy Society of the Chicago Dental Society Foundation

Letter of Intent for Estate Gifts

I/we desire to provide for the future well-being of CDSF through a provision in my/our estate plans, and this document provides CDSF with details of this planned future donation. I/we understand this future commitment can be modified or revoked by me/us at any time.

Name

Spouse/Partner (if applicable)

Address

City, State, Zip

Phone

Email

I/we have made a provision to leave a legacy to CDSF through my/our: (mark with an 'x')

Will Retirement Plan or IRA Other Living Trust Life Insurance Policy

____ I/we wish to inform CDSF for its long-term planning purposes only, that 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 that by stating an amount my/our estate is not legally bound by the statement and that I/we may choose to increase, decrease or eliminate this bequest at any time, at my/our sole discretion.

____ You may publish my/our name(s), without any dollar amounts, in your lists of the CDSF Planned Giving Society members as a motivation for others to leave a future gift to benefit CDSF.

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

Date

Signature

Spouse/Partner Signature (if applicable)