



DECLARATION OF FUTURE INTENT – LEGACY CIRCLE

Thank you for your intention to include The LGBTQ Community Center of the Desert (The Center) in your estate plan and for joining the Legacy Circle; by naming The Center as a beneficiary of a planned gift in your estate plans. Any information about your gift will remain confidential and does not create a binding obligation.

New Intention

Updated Intention

Full Name _____ Birth Date _____

Spouse's Name _____ Birth Date _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone Number: _____ Email Address: _____

Briefly describe your involvement with The Center:

Gift Information:

Method(s) used to qualify for membership in The Center's Legacy Circle. Please check the appropriate box(s). You only need to provide as much information as you are comfortable with at this time:

I have included The Center in my estate plans in the following way(s):

___ Will or Trust: _____%, \$_____, or _____ as a contingency beneficiary*

___ Beneficiary of my IRA \$ _____ Charitable Remainder Annuity Trust

___ Insurance \$ _____ Charitable Remainder Unitrust

___ Life Income Trust Charitable Gift Annuity

___ DAF Designation Life Insurance Policy

___ Retirement Plan or Beneficiary Designation (401K, 403B, IRA, Keogh, Brokerage Account)

___ Other Asset(s) (please describe): _____

*If The Center is a contingent beneficiary of the indicated asset above, please explain:

Gift Purpose:

___ Gift Agreement/Letter – I/We have signed a Gift Letter or Agreement with The Center stating the designation or purpose for this gift.

___ I/We have not signed a Gift Letter of Agreement: It is my/our intention that The Center use this future gift as follows: (Please list program, or fund that is currently available you would like your gift to benefit. If multiple areas please provide percentages or specific amounts):

Please return the form to: The LGBTQ Community Center of the Desert, Director of Development | 1301 N Palm Canyon Dr., Palm Springs, CA 92262. Email: James@thecentercv.org | Phone: (760) 316-5282

Recognition:

Donors who provide a planned gift to benefit The Center will be enrolled in our Legacy Circle.

___ I/We prefer no public recognition

___ Please list my/our name(s) as follows:

Estate Contact Information: Although optional, the following information is helpful:

Executor. Trustee (If your gift is through a Will / Trust):

Administrating Company (ie. TIAA, Fidelity, etc. if your gift is through a retirement account or life insurance policy):

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____ Zip Code _____

City, State: _____ Zip _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Additional Contact/Relationship you may want us to know (family, attorney, etc.)

Name: _____

Relation: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____

Email: _____

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. The Center understands that the size of my/our gift may change.

Signature: _____

Spouse _____

Date: _____