Legacy Society Intent Form

Please return by mail:
Loudoun Cares, Attn: Executive Director
305 Harrison St SE, Suite 100A, Leesburg Va 20175
or scan and email to jenny@loudouncares.org

I/We desire to provide for the future well-being of Loudoun Cares through a provision in my/our estate plan(s), as specified in this document. Please note that these gifts should be designated to "Loudoun Cares."

Name(s): _____

Address: _____

Phone: _____ Email: _____

Date(s) of Birth: _____

I/We have made a provision to leave a legacy gift to Loudoun Cares through my/our:

☐ Will
☐ Trust/Living Trust
☐ Retirement Plan or IRA
☐ Life Insurance Policy
☐ Percentage of Estate: ____%
☐ Other (please specify): _____

I/We wish to inform Loudoun Cares for planning purposes only, that the approximate value is $_____(please note that the amount is confidential). I/We understand that I/we may add, subtract, or revoke this bequest at any time.

☐ I/We would like these funds to be designated to the area of greatest need.
Or,
☐ I/We would like to discuss the designation of my gift to a particular program:

_____

Gift Recognition

☐ Loudoun Cares may publish my/our name(s) in the list of Loudoun Cares Legacy Society members. I/We would like my/our name(s) published as follows:

_____

☐ I/We do not want my/our name(s) published.

Signatures(s)

Signature: _____ Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

For more information or questions please reach out via email or phone
Jenny Tomlinson, Jenny@loudouncares.org, (703) 669-2351