

Letter of Intent to Join Oregon Women Lawyers Foundation Legacy Society



Oregon Women Lawyers Foundation

Yes, I support the Oregon Women Lawyers Foundation mission to advance and enhance equity, inclusion and belonging in the Oregon legal profession and to promote access to justice for underserved people.

I/We are proud to join the Oregon Women Lawyers Foundation Legacy Society. As evidence of my/our desire to provide a legacy of support to ***the Oregon Women Lawyers Foundation***, I/we inform you that I/we have made a provision for the Foundation as a beneficiary in my/our estate plan through my/our Will, Trust or Investment vehicle. I/We understand that this commitment is revocable and can be modified by me/us at any time.

It is my/our intent to leave a legacy gift to the *Oregon Women Lawyers Foundation* through my/our:

- Will Living Trust Retirement Plan Assets
 Stocks/Bonds/Mutual Funds Charitable Remainder Trust Life Insurance Policy

Other: _____

My/our gift is:

- Unrestricted.**
- Unrestricted. Oregon Women Lawyers Foundation Endowment Fund to support the Oregon Women Lawyers Foundation Mission.**
- Restricted. Please specify specific grant:** _____

I/we wish to inform you for long-term purposes only that, as of this date, the value of my/our gift is \$_____ (If your gift is a percentage of your estate, please indicate the approximate value of that percentage.) (If you would like to keep the amount of your gift private, please leave the amount blank or check here:)

I/we understand that, by stating an amount, my/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.

The **Oregon Women Lawyers Foundation** kindly requests written notification any time there are changes or adjustments to your gift. Notification can be provided to the Oregon Women Lawyers Foundation at PO Box 82522, Portland, Oregon 97282.

Acknowledgement Information

This gift is in memory/honor (circle one) of the following individual(s): _____

I/We agree to have my/our name(s) published on lists of legacy donors as motivation for others to pledge gifts. Please use the following name(s) in all acknowledgments: _____

I (we) wish to have our gift remain anonymous and request that my/our name(s) do not appear in any publication or other method used to publicly acknowledge donors.

Signature

Date

Signature

Date

Donor Information (please print or type)

Name _____

Address _____

City, State Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Contact Information of Personal Representative/Trustee (please print or type)

Name _____

Address _____

City, State Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____