

Spouse's Signature (if applicable):

## Invitation to join Little Flower Children and Family Services of New York's 'Legacy of Hope' Giving Society

Little Flower Children and Family Services of New York (Little Flower) supports the most vulnerable members of our society, helping them to flourish and thrive. Our team of over 500 essential workers does so by operating according to a shared set of principles and by honoring our rich history and the legacies of those who have come before us. We consistently seek to identify opportunities for collaboration and mutually beneficial partnerships, both inside and outside our organization and are committed to stewarding our resources responsibly. We work hard to leverage our assets in order to fulfill our mission in a way that is financially sustainable and ensures our ability to continually meet the needs of our community.

Today, we invite you to join us in these efforts by committing to a legacy gift that will support future Agency, client and community needs.

<u>INSTRUCTIONS</u>: To become a member of the Legacy of Hope' Giving Society simply complete and return this form (no donation is required at this time). Your membership in the Society will be completed with this signed and returned form and there is no minimum requirement for a planned gift. You may also revisit the details of this Letter of Intent at a later date.

LETTER OF INTENT  I/we would like to be listed as a member(s) of Little Flower's 'Legacy of Hope Society' by committing (Initial here) to a planned gift (as identified below).			
		Select One:	
		☐ I/we intend to include Little Flower in my/our estate plans by the following date:	
☐ I/we have already made provisions for the following pl	lanned/deferred gift(s) to Little Flower in the		
form of a:			
☐ Bequest in a Last Will & Testament			
☐ Life Insurance Policy			
☐ Proceeds for the sale of Real Estate			
☐ Charitable Gift Annuity			
☐ Charitable Lead Trust			
□ Retirement Plan/IRA			
☐ Charitable Remainder Trust			
Other:			
The amount of my/our planned gift is estimated at \$OI	R is equal to % of the gift form identified above.		
I am usingto manage my es (Name of Law Firm/Fiscal Company Contact)	state planning/planned gitts. Phone:		
Please print and complete all lines <u>above and below</u> before returning by a By signing this Letter of Intent, I/we reaffirm my/our commitment			
commitment is revocable and can be modified by me/us at any tir			
Flower, in writing, when/if changes are made.			
	D ( CP: 1 / /		
Full Name:	Date of Birth://		
Spouse's Full Name (if applicable):	Date of Birth: / /		
Street Address:			
0'. 10 17' 0 1			
City/State/ZipCode:			
Phone: () Email:			
Signature:	Date:/		

## Please return completed forms to:

Date:

Little Flower Children and Family Services of New York

<u>Attn</u>: Development Office

2450 North Wading River Road, Wading River, N.Y. 11792

If you have questions about making a planned gift, please call: (631) 929-6200 x6929 or E-Mail: info@lfchild.org