

LEGACY SOCIETY LETTER OF INTENT

All information provided below will be treated strictly confidentially, will be used for Columbus Metropolitan Library Foundation's internal purposes only, and is not considered to be a legal or financial obligation.

The *Legacy Society* recognizes individuals who have made a commitment to secure Columbus Metropolitan Library's mission for generations to come by including Columbus Metropolitan Library Foundation in their estate plans. Thank you for generously supporting our vision for *a thriving community where wisdom prevails*!

Please comp	plete:
	My/our name(s) may be recognized as a member(s) of the Legacy Society.
	Name exactly as you would like to be listed: I/we prefer to always remain anonymous.
	I/we prefer to remain anonymous until the gift is realized.
Signature(s)	: Date:
Print Name(s):
Address:	City: State: Zip:
Telephone:	Email(s):
Completing	this section is optional:
	tion of my/our support for Columbus Metropolitan Library Foundation, I/we am pleased to confirm that I/we have made a Columbus Metropolitan Library Foundation as follows (select all that apply):
	Bequest in my/our Will or provision in my/our Revocable Living Trust Beneficiary Designation in my/our Qualified Retirement Plan or Commercial Annuity Establishment of a Charitable Remainder Trust Establishment of a Charitable Gift Annuity Other:
Library Four	vatively estimate the current value of my/our provision to be approximately \$ Columbus Metropolitan addition recognizes that values are subject to change and dependent upon unforeseen circumstances. This information donly to help project possible future financial support and is not considered a legally binding obligation.
I/we would li	ke our gift to be used to support the Library's:
_ _ _	Area of Greatest Need (unrestricted) Young Minds Strategy (help kids maintain skills during out-of-school learning) Life Skills Strategy (help adults struggling find job help and resources) My Library Strategy (help everyone get the most of their library by expanding our buildings, collections and services)
I/we worked	with the following advisor to establish this gift:
Name:	Company:
Address:	Telephone:

Please return scanned copy to foundation@columbuslibrary.org or mail to 96 S. Grant Ave, Attn: Development, Columbus, OH 43215. columbuslibrary.org/foundation | 614.849.1051