



# Letter of Intent for Estate Gift

In an effort to provide for the future well-being of the Fairfax County parks I am pleased to confirm that I have included the Fairfax County Park Foundation in my estate plan.

This Letter of Intent signifies my intention to made a gift valued at approximately \$\_\_\_\_\_\_ or \_\_\_\_\_% of the residuary estate to the Fairfax County Park Foundation at the time of my death.

The gift will take the form of \_\_\_\_\_\_ (examples: beneficiary of a will, life insurance policy, Trust, IRA, Retirement Plan or other assets).

When the time comes, I trust that the Fairfax County Park Foundation will honor my gift intentions and my gift will be used so everyone can enjoy Fairfax County parks in perpetuity.

#### **Designation:**

I desire that the Fairfax County Park Foundation use my gift in a way that helps meet the greatest need.

I prefer that funds by used within the following area(s):

**\_\_\_\_ Land Care and Open Space Preservation** 

\_\_\_ Environmental, Cultural and Historical projects

\_\_\_\_ Health, Wellness and Outreach to Promote Equity and Inclusion

### **Recognition:**

The Park Foundation may publish my name as a Legacy Circle member as

I prefer to not have my name published and wish to remain "Anonymous".

I ask that the amount of the gift be kept in confidence by the park foundation unless I provide additional permission and authorizations to announce the details.

## **Documentation: (OPTIONAL)**

- \_\_\_\_ A copy of my Will or Estate planning documents is attached.
- Additional comments are attached.

Please address questions to and send this completed document to Roberta A. Longworth, Executive Director Fairfax County Park Foundation 12055 Government Center Parkway, Suite 404, Fairfax, VA 22035 Contact FCPF roberta.longworth@fairfaxcounty.gov 703-324-8581 www.FairfaxParkFoundation.org



Letter of Intent for Estate Gift



#### **Contact Information:**

Estate Attorney, Trustee, Family Member, or Executor		
Name		Relationship
Address		
Name		Relationship
Address		
Donor		
Name (printed):		Year of birth:
Address		
Donor's Signature:		Date: