



Children's Scholarship Fund

# Letter of Intent

## THANK YOU FOR INCLUDING THE CHILDREN'S SCHOLARSHIP FUND IN YOUR ESTATE PLANS.

Welcome to the Children's Scholarship Fund Founders' Legacy Society! Please share about your legacy gift so we can understand the inspiration for your gift and honor your intention to the best of our ability when it is received.

I have included "The Childrens Scholarship Fund (EIN: 13-4002189), New York, NY" as a beneficiary of my estate plans as follows:

- Bequest in Will or Trust\*       Retirement Plan\*       Life Insurance Policy\*
- Investment or Bank Accounts\*       Donor Advised Fund\*
- Other Property or Provision\*: \_\_\_\_\_

I estimate the current value of this gift to be \$ \_\_\_\_\_ (confidential).

*\*If you designated "The Childrens Scholarship Fund" as a beneficiary of a will or trust, please share/attach the date that the trust was executed, the name and contact information for the executor or attorney, and a copy of the page in your will or trust designating your gift. If you designated "The Childrens Scholarship Fund" as a beneficiary of an account or policy, please share/attach the custodian and account number or a recent statement.*

Executor, Attorney or Other Contact Information:

\_\_\_\_\_

### I would like my gift to be directed to:

- General operating support       Scholarships where needed most
- Other\* \_\_\_\_\_

*\*Restricted funds will be directed toward these programs as long as they are still executed by the Children's Scholarship Fund at the time of the gift's realization. If the programs no longer exist, the gift will support the Children's Scholarship Fund's greatest needs.*

You may publish my name as a Founders' Legacy Society member to motivate others to leave a future gift.

I would be open to sharing about my story and this gift with you and have provided my contact information below.

I understand that this Letter of Intent is not legally binding and is strictly confidential and that I may choose to add, subtract, or revoke this gift at any time at my sole discretion. I will do my best to notify the Children's Scholarship Fund of any significant changes as they occur.

\_\_\_\_\_  
*Print Name(s)*

\_\_\_\_\_  
*Date(s) of Birth*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*                                  *State*                                  *Zip*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Signature*    *Date*

For questions about this form, the Founders' Legacy Society, and its benefits, please contact:

**MICHELE MITOLA**  
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**Children's Scholarship Fund**  
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New York, NY 10018

**We would love to hear about your story and what has inspired your gift.**

Feel free to share with us or let us know what time of day is best to contact you by phone or email!

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