



MINNESOTA DENTAL FOUNDATION

A practice of giving.

Minnesota Dental Foundation Legacy Circle Letter of Intent for:

Print full name(s) as you would like it (them) to be listed. May include spouse/significant other.

I (We) wish to help sustain the vision of the Minnesota Dental Foundation to eliminate unmet oral health needs in Minnesota. Please enroll me (us) as a member of the Legacy Circle.

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If you have already made an estate planning provision for the Minnesota Dental Foundation, please indicate your plans. If you are in the process of this charitable giving, please indicate your plans, as well. All information is strictly confidential and no amount or percentage of your estate that you are donating is necessary.

- Bequest through a will or trust
- IRA or retirement plan
- Life insurance proceeds
- Charitable gift annuity
- Other _____

Please indicate one of the following:

The Minnesota Dental Foundation may include my name and my spouse/significant other's name, if listed above, in Legacy Circle listings and promotions such as annual reports or listings at the Gala.

I (We) are proud to support the efforts of the Minnesota Dental Foundation but I (we) prefer to remain anonymous. Please do not include my (our) name(s) in Legacy Circle listings.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Signature _____ Date _____

This form does not legally bind you to a Minnesota Dental Foundation Legacy Circle commitment. It simply notifies the Minnesota Dental Foundation of your intention to make a gift in the future. We encourage you to seek the advice of your financial and legal advisors. The Minnesota Dental Foundation is a 501(c)(3) public charity. The Federal Tax ID Number is 41-1927049.

Please mail or fax this to the address or fax below.