## **CONFIDENTIAL LETTER OF INTENT**



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

BGCMD recognizes all those making long-term provisions for it or any of its programs as members of its *Legacy Club*.

	Please complete:				
	My/our name/s may be pul	My/our name/s may be published as a member(s) of the Legacy Club.			
	I/we prefer to remain anonymous				
	Signature:				
	Signature:				
	Print Name/s:				
	Address:				
	City:	State	e:Zip:		
	Telephone:	Ema	ail:		
	Completing this section is optional:  As an indication of my/any augment for RCCMD or one of its magnetic discussion along the second to				
	As an indication of my/our support for BGCMD or one of its programs, I/we am pleased to				
	confirm that I/we have made a provision for(BGCMD or				
	name of program) as follows (select all that apply):				
	Bequest in my/our Will				
	Provision in my/our Revocable Living Trust Establishment of a Charitable Remainder Trust				
	<ul> <li>Establishment of a Charitable Gift Annuity</li> <li>Beneficiary Designation in my/our Qualified Retirement Plan or Commercial Annuity</li> <li>Life Insurance Gift</li> </ul>				
	Endowment Fund				
Other					
	Description of the provision/s and what I would like my support to accomplish:				
	Description of the provision/s and what I would like my support to accomplish.				
	I/we conservatively estimate the current value of my/our provision to be approximately				
	\$ or %. BGCMD recognizes that values are subject to change and dependent				
	upon unforeseen circumstances. This information will be used only to help BGCMD project				
	possible future financial support and is not considered a legally binding obligation.				
	I/we worked with the following advisor to establish the gift:				
		_	fession:		
	Company/Address:				
	City:	State:	Zip:		
	-				

Thank you for your generous support!