



## Letter of Intent for a Future (Estate) Gift

As evidence of my/our desire to provide a legacy of support to the South Dakota Dental Foundation, I/we hereby inform the Foundation that I/we have made a provision for a gift to the Foundation in my/our estate plans. I/we understand that this commitment is revocable and can be modified by me/us at any time.

\_\_\_\_\_  
Name(s) as you would like on official roster/certificate

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Phone

( ) \_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

It is my/our intent to leave a legacy to the South Dakota Dental Foundation through my/our:

- Will                       Retirement Plan Assets                       Life Insurance Policy
- Living Trust                       Charitable Remainder Trust                       Other \_\_\_\_\_

I/we wish to inform the South Dakota Dental Foundation, for long-term planning purposes only, that as of this date the value of my/our gift is: \$\_\_\_\_\_. (If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.) I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. (The Foundation requests notification any time you make changes or adjustments to your gift.)

\_\_\_\_\_  
Donor(s) Signature(s)

\_\_\_\_\_  
Date

**Please fill out and return to:**

**South Dakota Dental Foundation  
PO Box 1194  
Pierre, SD 57501**