



Chappell Legacy Society

Smooth Stone Circle

in support of the Dougy Center

Letter of Intent for Future Estate Gift

As evidence of my/our desire to provide a legacy of support to **Dougy Center: The National Grief Center for Children & Families**

I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans. I/we understand that this commitment is revocable and can be modified by me/us at any time.

It is my/our intent to leave a legacy gift to Dougy Center: The National Grief Center for Children & Families through my/our:

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

My/our gift is restricted in support to:

- Dougy Center's Highest Priorities**
- Dougy Center International Training Program to provide training and resources globally to those seeking to help children who are grieving.**
- Dougy Center Portland Local Program to provide grief groups and resources to children and families in the Portland Metro area.**

For gifts intended to exceed \$50,000:

- I/We would like to establish a Dougy Center Endowed Fund to provide support for children who are grieving and sustainable organizational revenue in perpetuity.**
- I would like to name this fund in memory of _____**

Continued

Your Gift

I/we wish to inform you for long-term 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 value of that percentage.)

I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. **Dougy Center** kindly requests notification any time you make changes or adjustments to your gift.

I agree to have my/our name(s) published as a part of the Chappell Legacy Society as a motivation for others to leave a future gift to benefit **Dougy Center**. (Note: The amount of your gift is not published and remains confidential)

List your name(s) as you would like them in print: _____

- Please list my/our names internally only (No outside publication)
- Do not list my/our names either internally/externally (Anonymous gift)

This gift is in memory or in honor of: _____

Donor Signature _____ Date _____

Donor Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

For questions or more information, contact:

Dougy Center: The National Grief Center for Children & Families
Federal EIN: 93-0833241

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