

Estate Planning

Statement of Intent

PERSONAL INFORMATION				
Name of Donor(s)				
Address				
City		State	Zip	
Phone		Email Address		
LEGACY (PLANNED) GIFT				
I have made a provision in my estate planning to benefit Sheriff's Meadow Foundation (SMF). The provision is in the form of a:				
Bequest (Will or Trust)	Retirement Fund Beneficiary Designation			
IRA	Life Insurance			
Other:				
Estimated Value of Estate Gift: \$				
My attorney and/or financial advisor is:				
Name				
Phone	Email			
PURPOSE				
It is my wish that the gift be used:				
At SMF's discretion, to create the greatest impact				
For the following existing fund or purpose:				
Land Acquisition Land Stewardship	Organizational En	dowment		

*If you are considering a donation of land or other real property, we ask that you connect with SMF President, Adam Moore, to review the details of your intended plans, in order to align with SMF's Gift Acceptance Policies and Conservation Plan.

1

IN RECOGNITION OF YOU!

SMF appreciates the opportunity to acknowledge your commitment by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes. By notifying SMF of your future estate plans, you are also welcomed into the organization's <i>Legacy Society</i> , and will receive invitations to Legacy Society events.				
I (we) permit SMF to use my/our names in printed lists of planned gifts, which may appe web site and/or other publications.	ear in SMF's annual report, newsletter,			
I (we) prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.				
I (we) prefer to remain anonymous during and after my/our lifetime(s).				
Name(s) as you wish to be listed:				
SAMPLE LANGUAGE FOR YOUR WILL OR TRUST				
Please share this language with your estate attorney, financial planner, other professional ac	lvisor, and your administrator or executor:			
I give to Sheriff's Meadow Foundation, a nonprofit 501(c)(3) organization headquartered in West Tisbury, MA EIN 04-6111529 \$ (amount) or (percentage)				
I/we understand that, by stating an amount, this statement does not legally bind my/our essubtract, or revoke this bequest, at any time at my/our sole discretion.	tate, and that I/we may choose to add,			
Donor Signature	Date			
Donor Signature	Date			
Thank you for your commitment to our Island community and your investment in its future!				
Please return your form by email or mail to:				
Adam Moore, President				
Sheriff's Meadow Foundation				
PO Box 3000, PMB #3162				
West Tisbury, MA 02575				
508.693.5207				
moore@sheriffsmeadow.org				