Memory Matters Legacy Builders – Legacy Circle of Hope
Letter of Intent for Estate Gift

Legal Name of Organization: Memory Matters
Memory Matters is a registered charity with the IRS. Our federal tax ID number is 58-2281775
Physical address: 117 William Hilton Parkway, Hilton Head, SC 29926
Mailing address: P.O. Box 22330, Hilton Head, SC 29926
Phone: (843) 842-6688 www.mymemorymatters.org info@mymemorymatters.org

All planned gifts to Memory Matters qualify for recognition in the Memory Matters Legacy Builders – Legacy Circle of Hope.

I/we (circle one) desire to provide for the future well being of Memory Matters through a provision in my/our (circle one) estate plans; and with this letter I/we are informing Memory Matters of our plans. I/we (circle one) understand that this future commitment can be revoked or modified by me/us at any time, and further understand that any revocation or modification, must be done in writing and attached must be attached to this form.

_____ _____
Name Name

_____
Address, City, State, Zip

_____
Phone Email Fax

I/we (circle one) have made a provision to leave a Legacy Gift to Memory Matters through my/our:
_____Will ____ Retirement Plan or IRA _____Living Trust _____Life Insurance _____Other

I/we (circle one) intend that this gift be designated for:
_____ general operations (immediately beneficial to Memory Matters' Programs & Services)
___restricted endowment fund ___restricted operating fund ____restricted capital fund

I/we wish to inform Memory Matters, for long-term planning purposes only, that the current value of my/our future gift is: $_____. (This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value and percentage.) I/we (circle one) understand that by stating an amount, my/our (circle one) estate is not legally bound by this statement and that I/we (circle one) may choose to add, subtract, or revoke this bequest at any time, at my/our (circle one) sole discretion.

_____You may publish my/our names in your list of Legacy Circle of Hope members as motivation for others to leave a gift to benefit Memory Matters.

_____I/we prefer that this gift remain anonymous and our names should not be published.

_____	_____	_____
Date	Name	Name