

LETTER OF INTENT



It is with great pleasure that I/we sign this Letter of Intent to support local libraries that have been important to me/us, and to help them endure and thrive for future generations in our community.

☐ I/we intend to include a legacy gift for the identified library(ies) in my/our estate plan within the next _____ (1-12) months.

☐ I/we have already included the identified library(ies) in my/our estate plan in the form of: (check all that apply)

- ☐ Bequest in will
- ☐ Beneficiary of IRA or other retirement plan
- ☐ Life Insurance Policy or beneficiary thereof
- ☐ Charitable Trust
- ☐ Other _____

Optional

The approximate value of my/our commitment will be \$_____ or _____% of my/our estate.

☐ Yes, I/we will share a copy of the portion of my/our estate plan that applies to the Library, or the trust agreement, or Change of Beneficiary Form in which the identified Library is named.

Recognition

☐ I/we permit my/our name(s) and/or photographs to be included in materials to inspire and encourage others to make commitments to their local library for the future. I/we understand that while names(s) may be listed, the type and amount of the gift will remain strictly confidential.

My/our name(s) should appear as follows: _____

☐ I/We prefer to remain anonymous.

It is my/our desire that the following library(ies) benefit from my/our gift:

- ☐ York County Libraries
- ☐ Martin Library (York City)
- ☐ Collinsville Community Library (Brogue)
- ☐ Dillsburg Area Public Library (Dillsburg)
- ☐ Dover Area Community Library (Dover)
- ☐ Red Land Community Library (Etters)
- ☐ Arthur Hufnagel Public Library (Glen Rock)
- ☐ Guthrie Memorial Library (Hanover)
- ☐ Kreutz Creek Library (Hellam)
- ☐ Village Library (Jacobus)
- ☐ Kaltreider-Benfer Library (Red Lion)
- ☐ Paul Smith Library of Southern York County (Shrewsbury)
- ☐ Glatfelter Memorial Library (Spring Grove)
- ☐ Mason-Dixon Public Library (Stewartstown)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Address: _____ City/St/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address(es): _____

I understand that this Declaration of Intent is not a legally binding agreement and I may amend or modify it at my discretion.

Signature: _____

Date: _____

Signature: _____

Date: _____

Please return this form to: Development Office, York County Libraries, 159 E Market St, York PA 17401
or email development@yorklibraries.org