



DECLARATION OF INTENT

By completing this form, you signify your intention to name Lutheran Social Services of the National Capital Area ("LSSNCA") as a beneficiary of your estate and your wish to become a member of LSSNCA's 1917 Society, which honors those who have made legacy gifts to the organization. LSSNCA understands that all bequest provisions are revocable and that any intentions stated hereon are not binding on you or your estate. We thank you for your support and your interest in investing in the future of our organization.

I have named LSSNCA as a beneficiary of: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> My Last Will and Testament | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Retirement Account | <input type="checkbox"/> Donor Advised Fund |
| <input type="checkbox"/> Revocable Trust (Living Trust) | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Charitable Trust | _____ |

My provision(s) names LSSNCA as:

- ☐ Primary Beneficiary
- ☐ Secondary Beneficiary
- ☐ Contingent Beneficiary

I estimate that the total value of my gift to LSSNCA through my estate will be (optional):

\$ _____ or _____ %

If/when this gift is received by LSSNCA, it is my wish that the organization use my gift for:

- ☐ Areas of greatest need
- ☐ Other (please specify): _____

Supporting documents (optional):

☐ Attached is a copy of the provision in my will, trust, IRA, life insurance policy, or other instrument to indicate my intention. (It is recommended that a copy of this document be placed with your financial records.)

I understand that my commitment to leave LSSNCA a legacy gift through my estate entitles me to enrollment in LSSNCA's 1917 Society and special recognition during events and in publications.

☐ Yes, LSSNCA may publish my name as a member of the 1917 Society. Please list my name as follows: _____

☐ I wish to remain anonymous, do not publish my name in connection with my bequest intention

Printed Name(s): _____

Signature(s): _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Best Time to Call: _____

If you have any questions, please contact Nikki Salzman at 202-723-3000 or email development@lssnca.org. You can scan and email this form or mail it to: LSSNCA, ATTN: Development Department, 1730 Rhode Island Avenue NW, Suite 712, Washington, DC 20036.