

## MACKINAC ISLAND LEGACY SOCIETY LETTER OF INTENT

Many donors choose to leave gifts to charity in their will called "planned giving." This allows donors to invest in the future of the community they love, and the Mackinac Island Community Foundation (the "Foundation") is uniquely positioned to help charitably minded people to give to all of the charitable entities they are passionate about.

This Letter of Intent will allow you to simplify your planned gift. All you have to do is provide the sample gift bequest language below (see "purpose of Gift" and "nature of My Bequest" sections below) to your attorney or professional advisor when planning to include a gift in your will or estate planforthe Mackinac Island Community Foundation. Then notify us so that we can ensure your gift will benefit the causes you care about most and in the way you intend. We are happy to work directly with your professional advisors throughout this process if you desire. To the extent that your bequest consists assets includable in your gross estate, the value of your bequest will qualify as a charitable deduction to the extent allowed by law.

As an expression of my commitment to enhancing the quality of life in my community, I declare my intention to help provide a forever gift to the charities, church or school that I am passionate about by leaving a gift through my will or estate to the Community Foundation. I understand that I am not making a legal or binding commitment upon my estate by submitting this Letter of Intent.

Signature:						
Date:						
LEGACY SOCEITY DONOR IN	NFORMATION					
Full Name (First, Middle, Last)	Spouse Full Name (First, Middle, Last)					
Home Address		City	State		Zip	
			Sen	d mailings	tomy: □	☐ Home ☐ Office
Date of Birth	(Spouse Date ofBirth)					
Business or Organization Name		Position				
Business Address		City	State	Zip		
HomePhone:	Cell Phone:		E	Business Pl	hone:	
E-Mail (Preferred):						

Thank you for your thoughtful support.

For further information about setting up an endowment fund or to ensure that your charitable goals are being met, please contact Stephanie McGreevy, at 906.847.3701 or smcgreevy@micf.org.



# **TYPE OF PLANNED GIFT**

What type of gift are you planning to leave to the Mackinac Island Com	munity Foundation?				
$\ \square$ An outright <b>bequest</b> upon the passing of the donor, or the passing of t	he donor and spouse.				
☐ A gift through my <b>IRA or Pension Plan</b>					
☐ A <b>life insurance policy</b> , in which the Mackinac Island Community Foundation is named as beneficiar owner and beneficiary.					
☐ <b>Retirement assets,</b> in which the Mackinac Island Community Found	ation is named as beneficiary.				
☐ A trust agreement.					
□ Other					
Please explain:					
The estimated value of my (our) gift is \$					
Please provide any further information that you would like us to know about example, whether the Foundation is the primary or secondary beneficiary Insurance):	• • • • • • • • • • • • • • • • • • • •				
PURPOSE OF YOUR GIFT  To Create a New Fund					
Name of your Fund:	(the Fund)				
Type of Fund:					
☐ To Contribute to an Existing Fund(s) (please list all funds you would a	like to contribute to):				
☐ To give to the Community Foundation's "Island Community Needs Fur at the Community Foundation's discretion to create the greatest impact in our sthe most compelling needs and opportunities).					
☐ Other (please describe):					



#### **NATURE OF MY BEQUEST**

Suggested language for insertion in Wills and Trusts (please consult with your professional advisor; this is not legal advice and checking a box below does not complete your gift; your gift must be made through your legal planning documents):

A. C	Outright bequest in will:*
	□ A specific dollar amount: "I direct the sum of \$
	Share of, or entire residue, of estate: "I direct [all OR
	□ Specific property (personal property): "I direct [description of property] to be conveyed to the Mackinac Island Community Foundation (the "Foundation"), a 501(c)(3) non-profit corporation as described in Section 170(c) of the Internal Revenue Code, for the [Insert Fund Name] (the "Fund"). The Foundation shall have full legal and equitable title to the property held in the Fund, to be perpetually recognized and administered by the Foundation in accordance with its guiding documents and its procedures."
	□ Specific property (real estate): "I direct all of my right, title and interest in and to the real estate located at [describe real property] be conveyed to the Mackinac Island Community Foundation (the "Foundation"), a 501(c)(3) non-profit corporation as described in Section 170(c) of the Internal Revenue Code, for the [Insert Fund Name]. The Foundation shall have full legal and equitable title to the property held in the Fund, to be perpetually recognized and administered by the Foundation in accordance with its guiding documents and its procedures."

#### B. Outright bequest in trust:\*

"Upon the death of the Settlor, the Trustee shall distribute [Insert Specific Dollar Amount **OR** Insert Percentage of Remaining Trust Assets **OR** Insert "all remaining Trust assets"] to the Mackinac Island Community Foundation (the "Foundation"), a 501(c)(3) nonprofit corporation as described in Section 170(c) of the Internal Revenue Code, for the [Insert Fund Name] (the "Fund"). The Foundation shall have full legal and equitable title to the property, outright and free from trust, to be held in the Fund, and to be perpetually recognized and administered by the Foundation in accordance with its guiding documents and its procedures."

\*Note: to qualify for a charitable deduction, the amount or value of the bequest cannot be left to the discretion of your executor or any other third party – it must go to a 501(c)3 organization.



#### **GIFT INSTRUCTIONS & RECOGNITION**

Thank you for creating your planned gift and joining many other forward thinking people who want to give back to their community forever!

The Foundation appreciates the opportunity to acknowledge your commitment to enhancing the quality of life in your community by publicly recognizing your plans. If you prefer to remain anonymous, however, we will respect your wishes. If you choose to be recognized, please print your name(s) below exactly as you wish it to appear in the Foundation's publications.

	· / I	nit the Foundation to use my/our name(s) in the Foundation's Legacy Society and 's publications. You will also be invited to Legacy Society events.	
	prefer tor your rece	remain anonymous during my/our lifetimes(s). You may recognize my/our gift eive it.	
	Name: _		
	(we) prefe	er to remain anonymous during and after my/our lifetimes(s).	
	<b>If you are c</b> the followi	comfortable with the Foundation acknowledging your planned gift, can you please proving:	vide
		to of you or your family (who is the fund set up for?). We will use this in our etter, publications, and will put it on our website, with your permission.	
,	want to be	ation about you (or the person being honored) so that we know your history (how do recognized? Or, how do you want your family member to be recognized?) We will us re-newsletter and will put it on our website at the time the fund is created.	•
•	gift is goir □ No.	ng to support a nonprofit agency or church, may we inform the beneficiary of ye	our intent?
Specia	I Circums	stances of my gift include:	
□Yes	□No	May we contact you and discuss your planned gift?	
☐ Yes	□No	Gifts may be added to this fund at any time by anyone.	

Note: Please provide MICF a copy of the wording in your estate planning document where this gift is mentioned. It can be a copy of the page or paragraph in your will; it does not need to comprise the entire document.



PROFESSIONAL A	ADVISOR(S)		
If you are working please complete		tax or estate planning advi	sor to structure the gifts to your fund,
☐ Attorney	□СРА	☐ Financial Planner	☐ Other
Professional Adviso	or's Name:		
Mailing Address: _			
			Zip:
Phone:		Email:	
☐ I/We have add	itional advisors a	and have included an adde	endum with their contact information.
☐ I/We authorize	the Community	Foundation to exchange in	nformation about my gift with this advisor(s).
HOW DID YOU	HEAR ABOU	T US?	
How did you learn	n about Mackina	ac Island Community Four	ndation? (please check all that apply)
☐ Professional	Advisor:		
☐ Website	☐ Social Me	edia	eting Materials
SIGNATURE			
		g a legal or binding comour attorney for setting up y	mitment upon my estate by submitting this your estate plans.
Donor	1		Donor 2
Signature			Signature
Name (Ple	ease Print)		Name (Please Print)
Date			Date

Thank you for caring about future generations.



#### ADDITIONAL INFORMATION

#### **Policies and Procedures**

Gifts made during life are effective when received by the Foundation. Gifts conveyed via testamentary instrument (e.g., a will or revocable trust) are not deemed complete until death and you may amend your will any time prior to death. Once the gift is transferred to the Foundation, it becomes final and is not refundable. The Foundation does not provide tax, legal or accounting advice. Any information in this Letter of Intent has been prepared for informational purposes only, and is not intended to provide, and should not be relied on for, tax, legal or accounting advice. You should consult your own tax, legal and accounting advisors before finalizing your estate plans and any gifts or bequests you desire to make.

#### **Investments**

The signee understands that investments will be administered inaccordance with the policies of the Foundation. The signee acknowledges that investments are subject to market and interest rate fluctuation risks, and that any gain or loss generated by the above investments will be credited or charged to the fund. The total investment return of each investment vehicle is net of its operating expenses.

# Indemnity

Inconsideration of the Foundation's creating a Fund at the request of the individual(s) or entity named and for other good and valuable consideration, the signee hereby agrees to indemnify and hold harmless the Foundation, its directors, officers and other representatives, against any liability, cost, or expense which the Foundation may incur by reason if its acting upon recommendations given to the Foundation by any of the authorized persons named.

## **Variance Power**

It is understood that any Fund established will be subject to the provisions of the Articles of Incorporation and Bylaws of the Foundation, including the power reserved by the Board of Directors to modify any condition or restriction on the distribution of funds if in its sole judgment (without the approval of any trustee, custodian oragent), such restriction or condition becomes, ineffect, unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the area served by the Foundation.

## Capacity

The signee is over the age of 18 years old and is of sound and disposing mind and memory as of the date above. While the signee is not making a legal or binding commitment upon the signee's estate by submitting this letter of Intent, the information contained herein does accurately reflect the signee's intentions as of the date hereof

For further information about setting up an endowment fund or to ensure that your charitable goals are being met, please contact Stephanie McGreevy, at 906.847.3701 or smcgreevy@micf.org.

#### Please return this form to:

Mackinac Island Community Foundation, PO Box 933, Mackinac Island, MI 49757

