



CONFIDENTIAL LETTER OF INTENT

NYRP recognizes and honors those who make long-term provisions for NYRP or any of its programs through our legacy giving society, The Rose Society.

New Intention Updated Intention

All information provided below will be treated as strictly confidential, will be used for New York Restoration Project's (herein NYRP) internal purposes only, and is not considered a legal or financial obligation.

Please complete:

My/our name/s may be published recognizing my/our legacy gift.

Preferred name/s for publication: _____

I/we prefer to remain anonymous.

Signature: _____ Date: _____

Signature: _____ Date: _____

Print Name/s: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

As an indication of my/our support for NYRP or one of its programs, I/we am pleased to confirm that I/we have made or intend to make a provision for NYRP as follows (select all that apply):

Bequest in my/our Will/s

Provision in my/our Revocable Living Trust/s

Establishment of a Charitable Remainder Trust or Charitable Lead Trust

Establishment of a Charitable Gift Annuity

Beneficiary Designation in my Qualified Retirement Plan or Commercial Annuity

Life Insurance Gift

Other: _____

Gift Purpose:

Unrestricted (To support NYRP's highest priorities)

Endowment (To be added to NYRP's endowment fund)

Thank you for your generous support in helping to build a greener future through **The Rose Society**.



NEW YORK
RESTORATION
PROJECT

Completing this section is **optional**:

I/we conservatively estimate the current value of my/our provision to be approximately \$_____. NYRP recognizes that values are subject to change and dependent upon unforeseen circumstances. This information will be used only to help NYRP project possible future financial support and is *not considered a legally binding obligation*. NYRP recognizes that my/our legacy planning is subject to change at any time.

By sharing this information, I/we understand that I/we may be recognized as a member of The Rose Society, unless anonymity is requested above.

I/we worked with the following advisor to establish the gift:

Name: _____ Telephone: _____

Company/Address: _____

City: _____ State: _____ Zip: _____

Want to know more or connect about your Planned Gift?

Robyn Rehak | Chief Advancement Officer

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