**A close up of a logo

Description automatically generatedCenter for the Visually Impaired Foundation**

**Mary Ann and Dick Cook Legacy Society**

**Statement of Future Gift Intent**

**Donor Name**

Please select: Include my spouse/partner for recognition Do not include my spouse/partner

**Spouse/Partner Name**

**Mailing Address**

**City State Zip Code**

**Home Phone Cell**

**Preferred Email**

**Gift Information**

I/we have made provision(s) to benefit the Center for the Visually Impaired Foundation in the following manner(s):

**Bequest (in Will or Trust):**

**0** Dollar amount

**0** Stock or property

**0** Percentage

**0** Residuary

**Beneficiary Designation:**

**0** Retirement Account

**0** Life Insurance Policy

**0** Bank Account (POD)

**0** Investment Account (TOD)

**Other Gift Type:**

**0** Charitable Lead Trust

**0** Charitable Remainder Trust

**0** Life Insurance Policy

**0** Other (please specify):

*Please attach a copy of the relevant language from your estate documents confirming the Center for the Visually Impaired Foundation is included in your estate plans.*

**Is this commitment upon the death of**:

• the first spouse? **0** Yes or **0** No Please provide Date(s) of Birth: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

• both spouses?  **0** Yes or **0** No Please provide Date(s) of Birth: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

• an additional person? **0** Yes or **0** No Please provide Name(s) and Date(s) of Birth: \_\_\_\_\_\_\_\_\_\_ \_\_

Today's **estimated value** of my/our future gift to the CVI Foundation is approximately $/% \_\_\_ \_

**Designation(s):**

**My/our gift is**: **0** Unrestricted **0** Restricted as follows:

All donors of future gifts become members of the **Mary Ann and Dick Cook Legacy Society**. To ensure your recognition preferences are honored, please select one option:

**0** CVI has my permission to publish my/our name(s) in the Annual Report, other publications and on its website.

**0** Please do not publish my/our name(s).

For gift crediting purposes, I (we) will notify the Center for the Visually Impaired if changes are made to my (our) estate plan(s) that will affect the above provisions. It is understood that all bequests and beneficiary designations stated herein are revocable and are not binding upon my (our) estate(s).

Donor signature Date Birth Date

Spouse/partner

**Please return this form to: Development, CVI, 739 W. Peachtree St. NW Atlanta GA 30308**