

Legacy Society Letter of Intent

Date:
Name of Donor:
Name of Spouse (or other beneficiary):
Mailing Address:
Donor Date of Birth:/
Donor Telephone:
Donor Email:



Confirmation

Type of E	Bequest (pleas	se check one):				
I have pro	ovided for Fir	st Tee - Greater Ric	hmond	through my:		
□ Will	Will □ IRA □ Retirement Plan □ Trust □ Insu				□ Insurance Policy	
□ Other						
Designat	ion of Beques	st (please check one	e):			
□ Unresti	ricted: Please	use the proceeds in	n suppor	t of areas wi	th the greatest need.	
□ Restric	ted: Please us	e the proceeds as r	estricted	d support for	the following:	
Acknowi	ledgment					
We are h	onored to rec	ognize our First Te	e - Great	ter Richmon	d Legacy Society	
members	s. Please let u	s know how you w	ould like	e to be ackno	wledged.	
□ You ma	ay publish my	name. Please list i	how you	ı would like y	your name to appear:	
□ Please (do not publis	n my name.				
Donor's Signature Date					<u> </u>	
Please return this completed form to:			For additional information contact:			
First Tee - Greater Richmond			Bre	Brent Schneider, CEO		
100 Everett St., Office #3				brent@thefirstteerva.org		
Richmond, VA, 23224				(804) 349-3364		

Thank you for your visionary support of First Tee - Greater Richmond