

## **Estate Plan Letter of Intent**

I,	, have included CID - Cent	ral Institute for the Deaf	f as the beneficiary of the following
types of accou	ants: (Please check any that apply and indicate	the amount* of your gift.)	,
	IRA/Retirement Account	Amount*	(optional)
	Life Insurance Policy	Amount*	(optional)
	Named in my Will	Amount*	(optional)
	Named in my Trust	Amount*	(optional)
Please des	ignate my planned gift to the following fu	and (Optional):	
If not spec	cified by the donor, please designate any r	memorial tributes in my	name to the following fund (Optional):
Please check	how you would like to be recognized:		
You may	include my name in a list of members of t	he CID Legacy Society.	Please list me as:
<u>OR</u>			
I would lil	ke to remain anonymous.		
(signature)	You may type your name in lieu of signing	(date)	
For your conven	ience, please note the following recommended be	quest language:	
'I hereby	oine to CID - Central Institute for the Deaf a 501(c) 3 nontro	fit charitable corporation organized as	nd existing

"I hereby give to CID - Central Institute for the Deaf, a 501(c) 3 nonprofit charitable corporation, organized and existing under the laws of the state of Missouri and located at 825 S. Taylor Ave., Saint Louis, MO 63110 (EIN 43-0662456)

- % of my residuary estate
- the sum of \$\_\_\_\_\_
- the following described assets

to be used for the unrestricted purpose of CID in such manner as CID's Trustees may direct."

<sup>\*</sup>Please write the current value of your planned gift. If it is a percentage of your estate, we understand it may go up or down over the years; this just provides a snapshot as of today of what planned gift commitments we have.