

FOUNDERS CIRCLE



Link your legacy with FOUNDERS HALL

Confidential Statement of Intent

Although this form expresses my gift intent, I understand that I may modify or revoke it, and that it is not a legal obligation.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

I have named FOUNDERS HALL as a beneficiary in one or more:

- | | | |
|--|--------------------------|------------------------|
| Will | <input type="checkbox"/> | 401(k) |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> | IRA |
| <input type="checkbox"/> Trust | <input type="checkbox"/> | Other (please specify) |
- _____

Please enroll me in FOUNDERS CIRCLE:

- I may be included in a published list of Founders Circle members.
- I prefer to remain anonymous.

Signature: _____

Date: _____

Thank you for linking your legacy with Founders Hall.



Founders Hall Foundation, Inc.

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