

The Norelius Society

Confidential Letter of Intent

Name(s) _____

Address _____

City, State, Postal Code _____

Telephone _____

Email _____

- I/We give permission to publish our name(s) as shown above.
- I/We wish to remain anonymous.
- I/We wish to join *The Norelius Society* by merit of having made a provision for Lutheran Social Service of Minnesota (LSS) in my/our:
- | | |
|---|--|
| <input type="checkbox"/> Will | <input type="checkbox"/> Retirement Plan, 401(k), 403(b) |
| <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Irrevocable Life Insurance Trust | <input type="checkbox"/> Charitable Lead Trust |

The approximate current value of my/our gift is \$ _____

I/We intend LSS to use my/our gift as follows:

- Unrestricted (wherever most needed)
- Restricted to the following specific service area (such as adoption, homeless youth, people with disabilities, older adults, veterans): _____
- Permanent Endowment Gift to the LSS Foundation

To assist LSS in understanding my/our intent and planning for the future, I/we agree to:

- Provide a copy of pertinent estate documents to LSS.
- Notify LSS when plans are updated.

Signing this letter of intent reaffirms my/our commitment to LSS. This letter is not legally binding upon my/our estate.

Lutheran Social Service of Minnesota agrees to treat the information contained herein as confidential. It shall be used for internal purposes only.

Signature

Signature

Date Signed

Date Signed

Date of Birth

Date of Birth

If you have questions about planned giving, *The Norelius Society*, or this form, please contact:

Mike Anderson
Senior Director of Resource Development & Innovation
651.969.2279 | mike.anderson@lssmn.org

Once you have filled out both pages of this form completely, please mail to:

LSS Development
Attn.: Mike Anderson
2485 Como Avenue
Saint Paul, MN 55108