

Linfield 900 SE Baker Street McMinnville, OR 97128-6894 T 503.883.2217 F 503.883.2497

University Advancement LINFIELD.EDU

Letter of Intent for Estate Gift

•	for the future well-being of Linfie	•	
•	h this letter we are informing Linf an be revoked or modified by us	•	and that this
Name		Name	
Address, City, State 2	ZIP		
Phone		E-mail address	
We have made a pro	vision to leave a legacy to Linfie	ld University through our:	
Will/Living Trust	Retirement plan or IRA	Life insurance policy	Other
of our future gift is \$ percentage of your e an amount our estate subtract or revoke th	o inform Linfield, for long-term pla (This amou estate, please indicate the approx e is not legally bound by this esti- is bequest at any time, at our sol gift shall be used for the followin	nt is kept confidential; if your kimate value.) We understand mate and that we may choose e discretion.	gift is a that by stating
Gift Recognition (che	oose one)		
	ish our names in your lists of Fou ire gift to benefit Linfield Univers		motivation for
We do not wa	nt our names published.		
 Date	 Signature	 Signature	

Please send completed form to: