



# Endowment Fund Enrollment

A planned gift to the WE CARE Endowment Fund is your way to leave a legacy gift that will make a positive impact to those less fortunate for generations to come. When you have completed your estate plan, please let us know so we may properly thank you.

## Levels of Giving

- We Care Legacy Club.....\$100,000 or more
- We Care Pillar Club.....\$20,000 - \$99,999
- We Care Friends Club.....\$10,000 - \$19,999
- We Care Fan Club.....\$1,000 - \$9,999

**Yes, I/we have made a commitment to the WE CARE Endowment Fund in my/our estate plan.**

Please provide documentation of your commitment (copy of relevant page of the will, etc.) for our files.

Name(s) as you would like to appear on recognition

Address

City, state or province, country and postal code

Home, business and/or mobile telephone

Email (Optional)

The bequest will be funded by:

- |  |  |
|--|--|
| <input type="checkbox"/> Will or living trust                | <input type="checkbox"/> Life insurance policy                               |
| <input type="checkbox"/> Creation of a charitable lead trust | <input type="checkbox"/> Donor advised fund                                  |
| <input type="checkbox"/> Retirement plan/IRA/401(k)          | <input type="checkbox"/> A gift of real estate, securities or other property |
| <input type="checkbox"/> Other, please specify _____         |  |

The amount to the WE CARE Endowment Fund will be \_\_\_\_\_ % or \$ \_\_\_\_\_  
(The anticipated amount is necessary to determine recognition.)

- |   |   |
|---|---|
| <input type="checkbox"/> I wish to remain anonymous.        | <input type="checkbox"/> You have permission to include my name as a donor. |
| <input type="checkbox"/> Please do not provide recognition. |   |

With this letter of intent, I am/we are expressing a desire to ensure that the people less fortunate will continue to be served by WE CARE for generations to come.

Signature

Date

Signature

Date

**Legal representative**

Please send a copy of this letter of intent to my attorney:

\_\_\_\_\_  
Name(s) Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state or province, country and postal code

**Notice**

Remember to consult independent tax and/or legal advisers before making any charitable gift. If you would like to know more about giving options, please consult the WE CARE Fund at [info@nassaubar.org](mailto:info@nassaubar.org) or call 516-747-4070 x230.

The details of your commitment remain confidential; however, unless you request anonymity, we may share that you are one of the growing number of attorneys and friends providing future gifts to the WE CARE Fund. You may just inspire someone else!

**Requests for example bequest language**

You can include the WE CARE Fund in your estate plans in many ways. We encourage you to share your final Will provision with the WE CARE Fund office to ensure that your wishes will be properly followed and recognized. To assist you, the WE CARE Fund can provide sample language for the program or area you wish to support. In most cases, your gift should be directed to the "WE CARE Fund" located at The Nassau County Bar Association, 15th & West Streets, Mineola, NY 11501.

To request specialized language for a Will or trust, please contact the WE CARE Fund at 516-747-4070 x230 or [info@nassaubar.org](mailto:info@nassaubar.org). This confidential service is available to you without obligation.

**Nassau County  
Bar Association**



**WE  
CARE Fund**

Thank you for extending your impact... forever.

**You can mail or email this form when completed.**

**Mail to:** The WE CARE FUND

c/o The Nassau County Bar Association, 15th & West Streets, Mineola, NY 11501

**Email:** [info@nassaubar.org](mailto:info@nassaubar.org)