



**Bosler
Memorial
Library**
Empowering Lifelong Learning

RETURN TO:

Development Office
Bosler Memorial Library
158 W. High St.
Carlisle, PA 17013

QUESTIONS:

www.boslerlibrary.org
717-243-4642, ext. 3222

Federal Tax ID: 23-1381007

Date Founded: January 19, 1900

LETTER OF INTENT

Because of my/our regard for **Bosler Memorial Library**, I/we have made the following provisions for the Library in my/our estate plans. I/We wish to be recognized with membership in **Lila's Legacy Society** and would like to join with other members to ensure the continued growth of **Bosler Memorial Library**.

GIFT TYPE:

- Bequest through will or trust
- Retirement account beneficiary designation
- Life insurance policy beneficiary designation
- Other _____

PLEASE USE THIS GIFT TO SUPPORT:

- The Library's greatest needs (unrestricted)
- The Board Designated Fund (quasi endowment)
- Specific purpose/fund: _____

BOSLER MEMORIAL LIBRARY WILL RECEIVE THIS GIFT:

- Upon my passing
- Upon the passing of the surviving spouse
- Other: _____

THIS PROVISION IS IN THE FORM OF:

- A specific dollar amount: \$ _____
- A percentage: _____% with its current value estimated at \$ _____ (if known/optional)

You have my permission to include my name in **published lists** (publications, website, donor wall) recognizing **Lila's Legacy Society** members. Please list my name (and/or my spouse's name) in all **Lila's Legacy Society** directories in the following manner: _____

I prefer that you do not include my name in published lists recognizing **Lila's Legacy Society** members. Please consider me an **anonymous** donor.

You have my permission to use my name in internal and external published **articles describing my gift** and its positive impact on the future of the **Bosler Memorial Library**.

I prefer that you do not include my name in internal or external published **articles describing my gift**.

By signing this Letter of Intent, I/we reaffirm my/our commitment to Bosler Memorial Library. However, this letter shall not be binding upon my/our estate, and the information contained herein shall be used for Bosler Memorial Library purposes only.

Print Name

Print Name

Signature

Signature

Date signed

Date of Birth

Date signed

Date of Birth