



## Irrevocable Bequest Pledge Letter Agreement

On \_\_\_\_\_ (date) I, \_\_\_\_\_ (name), established/amended my Will/Revocable Living Trust. The Will/Trust provides that at my death (and the death of my spouse) \_\_\_\_\_ (name), the CIS Foundation is to receive a bequest of \$ \_\_\_\_\_ (specific amount) % \_\_\_\_\_ of estate.

This sum, when paid from my estate, shall be designated for unrestricted/ (if restricted use is identified, state the fund and purpose of the bequest gift). If multiple purposes are identified, specify the amount for each program, service or fund.

Specifically, my Will/Trust includes the following terms: (Insert verbatim language appearing in the Will/Trust that sets forth the terms of the bequest to the CIS Foundation OR make reference to copies of the Will/Trust that shall be attached to this Letter Agreement.) I will not create any new Will/Trust, or codicils that omits or changes the language cited.

Heretofore, I have retained the right to change my Will/Trust at any time, and for any purpose. However, to enable the CIS Foundation to formally document my intended philanthropic support for the benefit of the agency through my estate, I am establishing this irrevocable bequest pledge.

I acknowledge that, once signed by all representatives identified below, the CIS Foundation may document my Irrevocable Bequest Pledge as a contribution receivable on its ledger, which is subject to external audit. Moreover, I acknowledge that the Foundation's promise to use the amount pledged for the purposes specified, which shall constitute full and adequate consideration for this pledge.

This pledge may also be satisfied in part or in full by payments made by me at my discretion during my lifetime and so designated by me in writing to CIS Foundation at the time of said gift(s). Any amounts paid by me from the date of this Agreement to the date of my death which are so designated as pledge payments applicable to this Irrevocable Bequest Pledge shall reduce the amount my estate is obligated to pay under the terms of this Agreement.

\_\_\_\_\_  
[Donor Name]

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Donor's Spouse Name]

\_\_\_\_\_  
Date

Acknowledged and accepted on behalf of the CIS Foundation by:

\_\_\_\_\_  
Anne Krolikowski  
Executive Director

\_\_\_\_\_  
Date