

CHARITABLE BEQUEST INTENT Family Service League Legacy Circle

Please use this form to share the details of your bequest intentions for Family Service League (FSL). In recognition of your gift, we will be honored to include you in the FSL Legacy Circle. This dedicated group of donors are committed to ensuring the availability of vital funding for mental and behavioral healthcare programs for future generations of Long Island families and children.

Name(s)			_
Dates(s) of Birth			_
Address			_
City	State	Zip	_
Phone Emai	1		
Phone Email This information will be held in strictest confidence bound by submitting this statement. It remains reversely.			You are not legally
Bequest Specifics			
estate plan(s). As of this date, the approximate valuestate percentage, please indicate the present valuerestricted, where the need is greatest as detern of the programs that I have supported in the past.	ue of that per nined by FSL I	rcentage.) I/we designate	e this gift to be
FSL Le	gacy Circle		
In recognition of my/our intentions, ☐ Yes, FSL may publicize my/our name(s) as r motivation for others to consider planned; ☐ I/we prefer my/our intentions to remain ar	gifts of suppo		h serves as a
Donor(s) Signature(s)		Date	
Please return form to: Family Service League Attn: Jonathan Chenkin, 790 Park Avenue, Huntington, NY 11743	Chief Develop	oment Officer	
Contact FSL: Jonathan Chenkin, at 631-470-6770 or jch	nenkin@fsl-li.o	org	