

## **Declaration of Bequest Intention**

By completing this form, you signify your intention to name the Charlotte Hobbs Memorial Library (CHML) as a beneficiary of your estate, and whether and how you would like to be acknowledged as a legacy donor to the CHML. The CHML understands that all bequest provisions are revocable and that any intentions stated here are not binding on you or your estate. We are deeply grateful for your vision and generosity.

	nd that my/our commitment to leave the CF e/us to Legacy Donor recognition at the libr	0 , 0 ,
	Yes, the CHML may publish my/our name/s as a Legacy Donor(s), helping to secure the long-term future of the CHML with this legacy gift.	
	I I/we am pleased to help the secure the long-term future of the CHML with this legacy gift, but I/we wish to remain anonymous and request that my/our name not be published in connection with my/our bequest intention.	
Signature(s	s):	
Signed:	(1)	(2)
Print Name	e(s): (1)	(2)
Date Signe	ed: (1)	_ (2)
Please prov sending it t	• • • • • • • • • • • • • • • • • • • •	ner or attorney, as well as to the Library by

The President or Treasurer
of the
Charlotte Hobbs Memorial Library
Board of Trustees
P.O. Box 105, Lovell, Maine 04051
207-925-3177 voice
207-925-1209 fax

Additionally, to facilitate our ability to honor the intentions set forth above, the CHML would greatly appreciate a copy of your Will or Trust (or appropriate sections thereof) for safekeeping in our confidential files.

Thank you.

The Trustees of the Charlotte Hobbs Memorial Library

The Charlotte Hobbs Memorial Library is a 501(c)(3) Charitable Organization Federal Identification Number: 01-6021794