

Greater Cedarburg Foundation Legacy Society

I / We want to join the GCF Legacy Society and understand that membership means making a gift now or in the future valued at a minimum of \$10,000.

Name(s) _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

My / Our gift is enclosed:

Check in the amount of \$ _____ In-kind appreciated stock transfer. Call 262-377-7338 for details and to arrange.

I / We have made the following provision for a deferred gift:

- | | |
|---|---|
| <input type="checkbox"/> Bequest / Will / Revocable Trust | <input type="checkbox"/> IRA or other Retirement Plan beneficiary designation |
| <input type="checkbox"/> Life Insurance beneficiary designation | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Pooled Income Fund | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Other: _____ | |

The estimated amount of this deferred gift is \$ _____ (optional)

A copy of the legal document that establishes this deferred gift:

- Is enclosed
 Will be provided to the Greater Cedarburg Foundation at a later date
 Will not be provided

As member(s) of the Legacy Society:

I / We authorize the Foundation to list me / us as member(s) of the Legacy Society in Foundation publications and on the GCF website.

Our / my name(s) should appear as: _____

I / We prefer confidentiality and do not wish my / our name(s) to be published, but would appreciate receiving on-going information and invitations for Foundation events.



Signature *(This Statement of Intent is non-binding)* _____

_____ Date