Statement of Intent

As an indication of my/our desire to provide a legacy of support to women and girls in the greater La Crosse area, I/we hereby inform Women’s Fund of Greater La Crosse (WFGL) that I/we have made a provision for a gift in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time. **I/we understand that Women’s Fund Federal Tax ID (27-2394065) must be listed on my/our estate plan/will to ensure my/our gift is distributed accordingly.**

**Donor Information**

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: Apt#/Unit#: \_\_\_

City: State: ZIP Code: \_\_\_\_\_\_\_

Email:

Phone 1: [ ] m [ ] h Phone 2: [ ]  m [ ] H

**Donor Recognition**

[ ] Yes, you may recognize me/us in donor lists and at events. Please list my/our name as follows:

[ ]  I/We prefer to remain anonymous during our lifetimes, but you may recognize me/us after my/our gift matures. Please list my/our name as follows:

Tell us how you’d like to be recognized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I/We prefer to remain anonymous.

**Signature**

By signing below, I confirm that I have secured the advice of independent legal and/or tax counsel and WFGL and its representatives did not provide any counsel.

**Signature**

Women’s Fund of Greater La Crosse, Inc. is a 501(c)(3) organization.

Federal Tax ID 27-2394065

**Signature**

**Date**

**Date**

*Continue to the next page…*

*Continued….*

**Description of Gift to Women’s Fund**

[ ] Bequest through Will or revocable trust

 [ ] Percentage of estate: \_\_\_\_\_\_\_ %

 [ ] Specific amount: $\_\_\_\_\_\_\_

[ ]  The Women’s Fund is listed as a beneficiary of:

[ ] Charitable Trust [ ] Charitable Gift Annuity

[ ] Life Insurance [ ] Retirement plan

With the understanding that values are subject to change, in today’s dollars, I/we estimate the value of my/our gift to be approximately $­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract or revoke this bequest at any time, at my/our sole discretion.

**Purpose of Gift**

[ ] This gift is to be unrestricted and may be used where the need is greatest at Women’s Fund.

[ ] I/We wish to specify that this gift be used to support the following project(s) or purpose(s):

*Click to enter text or handwrite.*

[ ] Please contact me to discuss the opportunities listed above.

**Please Tell us Why Women’s Fund is Important to You**

*Click to enter text or handwrite.*