

LEGACY GIFT STATEMENT OF INTENT



Thank you for your generous commitment to your community and La Crosse Area Community Foundation. To better understand your intentions for this gift, we ask that you please complete this form with as much detail as you are comfortable sharing. The information you provide is not legally binding and we understand that you may wish to change your gift in the future. Questions? Please call the Foundation's Executive Director at 608.782.3223 ext. 22.

Your Contact Information		
Name(s)		
Address		
City	State	Zip
Preferred phone	Email(s)	
Type of Legacy Gift		
to provide an estimate of the val	ue of your gift, please use today's or Retirement Plan Assets	□ Charitable Remainder Trust
Optional: The approximate value	of my gift is \$ or	% of my estate or residue.
Your Gift Preferences (Must equa	al 100%)	
% Highest priorities of LCF as% Community Giving Fund (e% An Existing Agency, Schola% A new named fund (see att% Other:	endowed unrestricted fund for co arship or Field of Interest fund at tached fund agreement, or contact	ompetitive grantmaking) : LCF: ct LCF to draft one)
Your 'Forever Society' Recogni	ition Preferences	
□ LCF may recognize this gift no	w in the Forever Society List. Ple	ase list my/our names as:
□ Anonymous forever		
□ Only anonymous until gift is re	eceived	
Signature(s):		Date:



<u>Alter</u>	native/Additional Directions:	
<u>Sam</u> ı	le Language to include a planned gift as part of your will:	
	I/we bequeath to La Crosse Community Foundation (tax ID#39-6037996), located in La	
	Crosse, Wisconsin,% of my residue estate — OR — the sum of \$ to used for charitable purposes set forth in a Statement of Intent and/or Fund Agreement on file by La Crosse Area Community Foundation.	

<u>Please return completed and signed form to:</u>

La Crosse Area Community Foundation 601 7th Street N, Suite 203 La Crosse, WI 54601

Questions?

Call (608) 782-3223