



Tell Us About Your Legacy Gift

Statement of Intent

Thank you for your generous commitment to Madison Community Foundation (MCF). 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 MCF at 608.232.1763

Your Contact Information

Name(s)

Address

City

State

Zip

Phone

H C W Email*

*You will receive occasional email updates from MCF. We will not sell, rent or exchange your email address

About Your Gift

If you are willing to disclose information about your gift, please check all that apply. If you choose to provide an estimate of the value of your gift, please use today's dollars:

Will Trust IRA or Retirement Plan Assets Charitable Remainder Trust

Life Insurance Policy Charitable Gift Annuity Other:

The approximate value of my gift is \$ _____ or _____ % of my estate or residue. (Optional)

Your Gift Will Support

Must equal 100%

% Highest priorities of MCF (Unrestricted)

% Community Impact Fund (Broad community support in MCF focus areas)

% An existing Agency or Field-of-Interest fund held at MCF

% Your existing named fund held at MCF

Fund name or number

% A new named fund

Fund name or number

(MCF will contact you for details)

% Other:

Acknowledging Your Gift & Legacy Society

MCF may publicly acknowledge our gift. Please list my/our names as:

Anonymous If anonymous, you may publicly recognize my/our gift once it is realized

A portion of my/our legacy gift will create or add to a permanent (endowment) fund at MCF, and I/we would like to become a member of MCF's Legacy Society.

Signature(s): _____ Date: _____

Please return completed form to: 111 N. Fairchild Street, Suite 260 | Madison, WI 53703 or legacy@madisongives.org

Madison Community Foundation tax ID# 39-6038248



Alternative/Additional Directions:

Sample Language to include a planned gift as part of your will:

I/we bequeath to Madison Community Foundation (tax ID# 39-6038248), located in Madison, Wisconsin, _____% of my residual estate - OR - the sum of \$_____ to be used for charitable purposes set forth in a Statement of Intent or a Letter of Understanding held by Madison Community Foundation.

Please return completed and signed form to:

Madison Community Foundation
111 N. Fairchild Street, Suite 260
Madison, WI 53703

or, via email to: legacy@madisongives.org