



# 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%	<input type="checkbox"/> % Highest priorities of MCF (Unrestricted)	
	<input type="checkbox"/> % Community Impact Fund (Broad community support in MCF focus areas)	
	<input type="checkbox"/> % An existing Agency or Field-of-Interest fund held at MCF	
	<input type="checkbox"/> % Your existing named fund held at MCF	Fund name or number
	<input type="checkbox"/> % A new named fund	Fund name or number (MCF will contact you for details)
	<input type="checkbox"/> % Other:	

### Acknowledging Your Gift

I/We would like to be included in the Legacy Society. Please list my/our name(s) as:

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

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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