



Legacy Society

STATEMENT OF INTENT

I hereby certify for the purposes of being recognized as a member of the Legacy Society, and for no other purposes, that I have named the Medical College of Wisconsin as a beneficiary of the planned gift described below:

- Type of Arrangement:**
- Gift from will or living trust
 - Gift from Charitable Trust
 - Gift from Retirement Plan
 - Gift from Life Insurance
 - Gift from Gift Annuity
 - Other: _____

Approximate Date of Establishment: _____

Gift Designation:

- Specific designation: _____
- No specific designation
- Greatest Need

Specifics of the arrangement, as it benefits the Medical College of Wisconsin (with as much detail as you are comfortable sharing):

- Specific current value: \$_____ or Approximate current value: \$_____
- Other details (such as % of estate): _____

I/We wish to remain anonymous

Name(s): _____ **Phone:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Email: _____

Birthdate: _____

Signature: _____ **Date:** _____

Preferred Name(s) for Honor Roll listing of Legacy Society members: