

WILLPOWER PLANNED GIVING

STATEMENT OF INTENT

As an indication of my/our desire to provide a legacy of support to women and girls in the Fox Valley, I/we hereby inform the Women’s Fund for the Fox Valley Region, Inc. 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.

**Donor Information**

|  |  |
| --- | --- |
| Name(s): |   |

|  |  |  |
| --- | --- | --- |
| Address: |   |   |
|  | Street Address | Apartment/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.  |

|  |
| --- |
| [ ]  I/We prefer to remain anonymous. |

**Signature**

|  |  |
| --- | --- |
|   |   |
| Signature  | Date |

|  |  |
| --- | --- |
|   |   |
| Signature  | Date |

Women’s Fund for the Fox Valley Region, Inc. is a 501(c)(3) organization.

Federal Tax ID 20-3096562

**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: |

|  |  |
| --- | --- |
| [ ]  | Retirement plan |

|  |  |
| --- | --- |
| [ ]  | IRA  |

|  |  |
| --- | --- |
| [ ]  | Life Insurance |

|  |  |
| --- | --- |
| [ ]  | Charitable Gift Annuity |

|  |  |
| --- | --- |
| [ ]  | Charitable Trust |

|  |  |
| --- | --- |
| [ ]  | 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 the Women’s Fund. |

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

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

**Please tell us why the Women’s Fund is important to you:**

|  |
| --- |
|  |