

Planned Gift - Statement of Intent

This statement is an expression of my intent to provide for the future of the Madison College Foundation through a planned or estate gift. The provision(s) made include the following:

- An outright bequest upon the passing of the donor, or the passing of the donor and spouse.
- A life insurance policy, in which _____ is named as beneficiary or owner and beneficiary.
- Retirement account, in which _____ is named as a beneficiary.
- A trust or annuity, with income reserved for the donor, spouse, or other income beneficiary.
- Other (please specify) _____

The estimated value of my (our) gift is \$ _____.

Purpose

It is my wish that the gift be used:

- At its discretion, to create the greatest impact for students at Madison College by supporting its most compelling needs and opportunities.
- For the following existing fund(s) or purpose:

- To create the following fund (please provide fund name and purpose): _____

Special circumstances of my gift include:

I would like to work with the Madison College Foundation to create a gift agreement that details the purpose of my gift. Yes _____ No _____

I will provide you a copy of my will, policy, trust or beneficiary designation and appropriate contact information. Yes _____ No _____



Recognition

The Madison College Foundation appreciates the opportunity to acknowledge your commitment to our students by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

With a legacy commitment of over \$10,000 you will become a member of the Emil J. Frautschi Legacy Society. Benefits are outlined in the Madison College Foundation Society Recognition document.

_____ I (we) permit the Madison College Foundation to use my/our name(s) in printed lists of planned gifts, which may appear in the Madison College Foundation or Madison College websites and/or other publications. When published it should appear as: _____

_____ I (we) prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.

_____ I (we) prefer to remain anonymous during and after my/our lifetime(s).

Donor Signature

Date

Printed Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

E-mail: _____

Date of Birth: _____

Spouse's Signature

Date

Printed Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

E-mail: _____

Date of Birth: _____

Thank you for your commitment to Madison College students and your investment in their future. If you have any questions, please contact the Madison College Foundation at 608.246.6441 or foundation@madisoncollege.edu.

