BLACK RIVER FALLS AREA FOUNDATION

Tell Us About Your Legacy Gift

Statement of Intent

Thank you for your generous commitment to the Black River Falls Area Foundation (BRFAF). To better understand your intentions for this gift, we ask you to 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 BRFAF at 715.284.3113

Your Contact Information

Name(s)_____

Address_____

City_____ State_____ Zip_____

Phone_____ H [ ] C [ ] W [ ] Email_____

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 BRFAF (Unrestricted)

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

_____% An existing Agency or Field-of-Interest Fund held at BRFAF

_____% Your existing named fund held at BRFAF

_____% A new named fund _____

(BRFAF will contact you for details)

_____% Other: _____

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Alternative/Additional Directions:

_____

_____

_____

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_____

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_____

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

I/we bequeath to Black River Falls Area Foundation (tax ID# 39-1563654), located in Black River Falls, 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 Black River Falls Area Foundation.

Please return completed and signed form to:

Black River Falls Area Foundation
PO Box 99
Black River Falls, WI, 54615

or via email to: Legacy@brfareafoundation.org

Donor Signature_____ Date _____