



Legacy

Statement of Intent

Thank you for your generous commitment to the Phelps Area Community Foundation. 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 email us at info@PhelpsAreacf.org.

Your Contact Information

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ H c w Email* _____

*You will receive occasional email updates from the Phelps Area Community Foundation. We will not sell, rent or exchange your email.

Estate Lawyer Contact Information _____

Financial Advisor(s) Contact Information _____

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 IRA or Retirement Plan Assets Trust Charitable Remainder Trust
 Life Insurance Policy Other: _____

The approximate value of my gift is \$ _____ or % of my estate or residue. (Optional)

Your Gift Will Support

_____ % Phelps Area Community Foundation Endowment Fund

_____ % Phelps Area Community Foundation Community Support Fund

_____ % Your existing named fund with the Phelps Area Community Foundation: _____

_____ % Create a new named fund: _____ (We will contact you for details.)

_____ % Other: _____

(% must equal 100%)

Please return completed form to: Phelps Area Community Foundation, 200 Washington Street, Suite 120, Wausau, WI 54403. Or email to info@PhelpsAreacf.org. We are an affiliate of the Community Foundation of North Central Wisconsin.



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Acknowledging Your Gift & Legacy

Phelps Area Community Foundation may publicly acknowledge our gift. Please list my/our name(s) as:

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

This gift is in honor of: _____

This gift is in Memory of: _____

I would like notification of this tribute gift sent to (name /email): _____

Signature(s): _____ Date: _____

Spouse (if applicable) _____ Date: _____

Alternative/Additional Directions:

CFNS

ACCREDITED
FOUNDATION