

Your Contact Information

Legacy Gift Planning

Thank you for your generous commitment to the Community Foundation of North Central Wisconsin (CFONCW). 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 at any time. Please contact us with any questions; 715-845-9555.

Name(s)			
City	State	Zip	
Phone	Ema *You will receive o	ail*occasional email updates from	n CFONCW. We will not sell, rent or exchange your email address
Professional Advisor(s) Contact Info	ormation		
of the value of your gift, please use	today's dollars:	gift, please check all t	that apply. If you choose to provide an estimate 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			
% CFONCW's Wausau M	larathon County I	Impact Fund	
% An existing Agency or	Field – of – intere	est Fund held at CFON	NCW
% Your existing named I	Fund held at CFO	NCW	
% A new named Fund _			
% Other:			
If you choose to open a new fund,	would you like it e	endowed? Yes	



Legacy Gift Planning

Acknowledging Your Gift & Legacy Society

Please list your name(s) as you wish to be acknowledged:	
I/We wish to be anonymous	
I/We wish to join the Legacy Society	
I/We wish to be invited to the Community Foundation's educational and cele	bratory events.
Donor(s) Signature(s):	Date:
	Date:
Additional Directions:	

The CFONCW recognizes the generosity and forethought of donors who make a gift through their estate, in any amount from any source, through our Legacy Society.

By sharing any detail about your future gift with us, we welcome you into this extremely important and appreciated group of donors.