

LEGACY of HOPE SOCIETY

STATEMENT OF INTENT

I hereby certify for the purposes of being recognized as a member of the Legacy of Hope Society, and for no other purposes, that I have named the **Medical College of Wisconsin** as a beneficiary of the legacy gift described below:

Type of Arrangement:

- Gift from will or living trust
- Gift from Charitable Trust
- Gift from Retirement Plan
- Gift from Life Insurance
- Gift from Gift Annuity
- Other: _____

Approximate Date of Establishment: _____

Gift Designation:

- Specific designation: _____
- No specific designation
- Greatest Need

Specifics of the arrangement, as it benefits the Medical College of Wisconsin (with as much detail as you are comfortable sharing):

- Specific current value: \$ _____ or Approximate current value: \$ _____
- Other details (such as % of estate): _____

I/We wish to remain anonymous

Name(s): _____ **Phone:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Email: _____

Birthdate: _____

Signature: _____ **Date:** _____

Preferred Name(s) for Honor Roll listing of Legacy of Hope Society members:

*Gifts to MCW are tax deductible as allowed by law.
Please contact Office of Planned Giving at legacyinfo@mcw.edu or at (414) 955-4518 with any questions. Thank you!*

