



For the purpose of planning only, I/we indicate that I/we have named Waukesha County Community Foundation as a beneficiary of the planned gift described below:

TYPE OF ARRANGEMENT

- Gift from Will or Living Trust Gift from Retirement Plan Gift from Gift Annuity
 Gift from Charitable Trust Gift from Life Insurance Other: _____

GIFT DESIGNATION

- | | |
|---|--|
| <input type="checkbox"/> Greatest Need _____% | <input type="checkbox"/> Animals and the Environment Fund _____% |
| <input type="checkbox"/> Community Grants Fund _____% | <input type="checkbox"/> Affordable Housing Fund _____% |
| <input type="checkbox"/> Operations Fund _____% | <input type="checkbox"/> Education Fund _____% |
| <input type="checkbox"/> Basic Human Needs Fund _____% | <input type="checkbox"/> Creative Arts and Culture Fund _____% |
| <input type="checkbox"/> Health and Wellness Interest Fund _____% | <input type="checkbox"/> Specific Fund Designation: _____% |
| <input type="checkbox"/> Children, Youth, and Seniors Fund _____% | _____ |

SPECIFICS OF THE ARRANGEMENT

(with as much detail as you are comfortable sharing)

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

PERSONAL INFORMATION

Name(s) and Date(s) of Birth _____

Mailing Address Home Business _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Signature(s) _____ Date _____

Preferred Name(s) for recognition for Legacy Society Members on webpage, or:

- I/We wish to remain anonymous.
 I/We wish to remain anonymous during my/our lifetimes but may be named when the estate gift is received.

*Gifts to the Community Foundation are tax deductible as allowed by law.
 Please return this form to Waukesha County Community Foundation, 2727 North Grandview Blvd, Suite 301, Waukesha, WI 53188.
 Please contact David Salmo at dsalmo@waukeshafoundation.org or at 262-513-1861. Thank you!*