

# STATEMENT OF FUTURE GIFTS



Donor name(s): \_\_\_\_\_

Date(s) of birth: \_\_\_\_\_

Donor address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## GIFT INFORMATION

I/We have made the following provision(s) for Ascension Wisconsin Foundation:

**Bequest intention or provision in a will or revocable trust:**

Specific intention amount: \$ \_\_\_\_\_ OR Percentage of estate: \_\_\_\_\_%

with estimated current value of \$ \_\_\_\_\_

**Beneficiary designee of a life insurance policy:**

Type of insurance (whole, universal, term): \_\_\_\_\_

Total value of the policy (face-value plus equity in the policy): \$ \_\_\_\_\_

Cash-surrender value: \$ \_\_\_\_\_

(Check one) Ascension Wisconsin Foundation is the \_\_\_\_ beneficiary \_\_\_\_ owner

**Beneficiary designee of a qualified retirement plan:**

Type of plan (IRA, pension plan, 401(k) or 403(b)): \_\_\_\_\_

Specific amount \$ \_\_\_\_\_ OR percentage of plan \_\_\_\_\_%

with estimated current value of \$ \_\_\_\_\_

**Testamentary trust:**

Established at death naming Ascension Wisconsin Foundation as the beneficiary with estimated current value of \$ \_\_\_\_\_

**Other:**

I have special instructions associated with my gift as follows: \_\_\_\_\_

\_\_\_\_\_  
*Please attach a copy of the relevant language from your estate documents or other documentation confirming Ascension Wisconsin Foundation has been designated as the beneficiary.*

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**Please direct the proceeds from my future gift as follows:**

To benefit a site of care. Site Name: \_\_\_\_\_

To benefit an existing fund. Fund Name: \_\_\_\_\_

**DONOR RECOGNITION PREFERENCES**

To ensure your recognition preferences are honored, please select one of the options below:

The Foundation has my/our permission to include me/us in the AWF Legacy Society.

The Foundation has my/our permission to publish my/our name(s) in Foundation publications.

Please publish my/our name(s) as follows: \_\_\_\_\_

Please do not include me/us in the AWF Legacy Society or publish my/our name(s) in any publication(s).

**I/we would like to designate the following individual(s) as successor recipient(s) of any information relating to my/our gift:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I/We certify that the above information represents our wishes for my/our future gift.**

Donor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to Ascension Wisconsin Foundation at

**giveAWF@ascension.org or 19333 W. North Avenue Brookfield, WI 53045**