STATEMENT OF INTENT



Leaving a legacy with Marshfield Area United Way will provide funding now and into the future to serve the most current, critical needs of our community's most vulnerable populations with programs that provide measurable results.

This statement of intent is an expression	of your present plans to inc	clude Marshfield Area United Way in your estate plan.
I/We have made a provision for M	Marshfield Area United Way i	in my/our will (or other financial estate planning document).
I/We will include Marshfield Area document and will notify you whe		·
1. CONTACT INFORMATION (NAME AS Y	'OU WOULD LIKE IT TO APPI	EAR IN RECOGNITION)
Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
2. METHOD I/WE plan to make a provision for Marshf (Check all that apply)	field Area United Way as a g	ift:
Outright Cash Gift		Beneficiary Deisgnation i.e. IRA, 401K, Donor Advised Fund)
Bequest in Will/Trust	_ `	Life Income Gift
Life Insurance Policy		i.e. Charitable Remainder Trust or Annuity)
Other, please specify:		
3. ESTIMATED GIFT AMOUNT (OPTIONAL *Please note that including a gift amount	•	help United Way to better plan for the future.
\$	Other:	
4. RECOGNITION		
I/We hope to inspire others to con Intent with other generous donors		shfield Area United Way. Please acknowledge my/our Letter of
I/We prefer to remain anonymous.		
Signal	ture	 Date
	n legal obligation and may be ith as a commitment to Mars	e changed by either party at any time, it has been made in good shfield Area United Way.
Note: Marshfield Area Ur	nited Way Inc is a 501(c)((3) organization with Federal ID# 39-1035073

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Be sure to include "Marshfield Area United Way, Inc." with any designations.

Marshfield Area United Way's Endowment Fund is housed at Marshfield Area Community Foundation.

FOR MORE INFORMATION CONTACT:

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