

# BIG LEGACY SOCIETY PLANNED GIFT INTENTION FORM

**I am interested in providing a legacy gift to Big Brothers Big Sisters of Metro Milwaukee. This gift is included in my estate planning. Both the organization and I understand that my gift can be modified by me at any time and is revocable if desired.**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_

**Please include me in the listing of BIG Legacy Society Members who are publicly recognized as individuals who have included BBBS in their estate plans.**

**Please use this name publicly:**

\_\_\_\_\_

**Check the box to remain anonymous**

**I have the intention of making the following type of legacy gift (check all boxes that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Bequest                            | <input type="checkbox"/> IRA or Retirement plan beneficiary                                      |
| <input type="checkbox"/> Stock or property                  | <input type="checkbox"/> Gift or property  |
| <input type="checkbox"/> Residuary bequest                  | <input type="checkbox"/> Charitable Lead Trust   |
| <input type="checkbox"/> Charitable gift annuity            | <input type="checkbox"/> Life Insurance Policy   |
| <input type="checkbox"/> Charitable remainder annuity trust | <input type="checkbox"/> Asking Friends/Family to Make Memorial Gifts to BBBS of Metro Milwaukee |
| <input type="checkbox"/> Charitable remainder Unitrust      | <input type="checkbox"/> Other (Please describe):  |
| <input type="checkbox"/> Deferred Charitable Gift Annuity   |  |

**My Gift is:**

Unrestricted: BBBS of Metro Milwaukee can determine how to best utilize my contribution.

Restricted: Please designate my contribution for: \_\_\_\_\_

**BBBS of Metro Milwaukee would enjoy recognizing donors TODAY for your future planned gifts. Learning the estimated value of each contribution is helpful with long range planning.**

The estimated value of my contribution as of today's date is: \$ \_\_\_\_\_

OR I will be providing BBBS of Metro Milwaukee with \_\_\_\_\_ % of my estate. The estimated value of the contribution to BBBS of Metro Milwaukee is \$ \_\_\_\_\_.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

President & CEO Signature \_\_\_\_\_ Date \_\_\_\_\_