



## #15 League Gift Notification Form

I/ We strongly believe in the mission of Rawhide, Inc. to help at-risk youth and families. Because of this desire, I/we would like to leave a legacy and have included Rawhide, Inc. in my/our plans as indicated below:

**I/We have made provisions for Rawhide, Inc. in my/our: \***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Will or Living Trust | <input type="checkbox"/> Charitable Lead Trust      | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Donor Advised Fund   | <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Retirement Plan/IRA  | <input type="checkbox"/> Charitable Gift Annuity    |  |

**Purpose of Gift: My/Our gift is to be used for the following purpose:**

- Unrestricted (use where needed most)  
 Restricted \_\_\_\_\_ Program Area

I/We have attached a photo copy of the relevant portion of my/our will, trust or other planned giving document.

**Gift Amount:** The approximate value of my/our legacy gift will be \$\_\_\_\_\_.  
(For provisions reflected as percentages and remainders, please provide a good-faith estimate of the current gift value).

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Please enroll me/us in the #15 League:**

- I/We may be included in a published list of #15 League members.  
 I/We wish to remain anonymous.

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

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

**Please return the completed form to:** Sandy Bush, Planned Giving Manager  
Rawhide, Inc.  
E7475 Rawhide Rd.  
New London, WI 54961-9025

**\* It is to be understood that this is my/our intention and that this is a non-binding document.**