



#15 League Member Commitment

Please complete the form below to be recognized as a member of the #15 League

Name: _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Rawhide may include my (and, if applicable, my spouse's name) in #15 League listings. Neither the amount nor the designation will be included in the listing. Please list me/us as follows:

I am honored to be included in the #15 League; however, I prefer to remain anonymous. Please do not include my/our name in #15 League listings.

I have included Rawhide in my estate plan through 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 | |

Estimated current value _____ as of (date) _____

Additional information:

My gift is:

- Unrestricted (Rawhide may use at their discretion)
- Designated for _____

Signature: _____ **Date:** _____

Although this gift intention is meant as a firm commitment, I understand that my intention may be withdrawn or changed at my discretion at any time.

Our Mission: *Being dependent on God, we inspire and equip at-risk youth and families to lead healthy and responsible lives through family-centered care, treatment and education.*

Please return form to:

Sandra M. Bush, Planned Giving Manager
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