



Member Commitment

PLEASE COMPLETE THIS FORM TO BE RECOGNIZED AS A MEMBER OF THE #15 LEAGUE

Name: _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

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Although this gift intention is meant as a firm commitment, I understand that my intention may be withdrawn or changed at my discretion at any time.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 their families to lead healthy and responsible lives through family-centered care, treatment, and education.

Please return form to:

Sandra M. Bush, Planned Giving Manager,
Rawhide Youth Services, E7475 Rawhide Rd, New London, WI 54961
(920) 531-2590; sbush@rawhide.org

1-800-RAWHIDE | Rawhide.org