



STATEMENT OF DEFERRED GIFT PROVISION

As an indication of support, I/we are pleased to confirm that a provision has been made in my/our estate plan naming **ARTS for ALL Wisconsin**.

Name(s): _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Bequest via Will or Trust Retirement Plan Life Insurance Other (see details)

Details: _____

With the understanding that values are subject to change and that this planned gift is completely revocable, the approximate value of this future gift is \$_____.

My/our provision names **ARTS for ALL Wisconsin, Inc.** as the beneficiary.

This gift is:

Unrestricted: to be used to benefit ARTS for ALL Wisconsin where the need is greatest.

To be used to support the following program, and/or purpose(s):

Information shared by our donors is always considered confidential and can be accessed only by AFA staff. If you have further preferences regarding the information you are sharing, please review the following statements so that we can recognize you appropriately:

I/we approve of recognition of my/our intentions in donor lists and at events.

Do not recognize me/us for my/our intentions in donor lists and at events.

Important: It is understood that this document is not binding upon the donor(s) or his/her/their estate as to the value of the provision herein described.

Signature of donor: _____ Date: _____

Signature of donor: _____ Date: _____

Please return this form to legacycircle@artsforallwi.org or to the mailing address below.

1709 ABERG AVE, STE 1 / MADISON, WI 53704 608-241-2131 INFO@ARTSFORALLWI.ORG

CELEBRATING 35 YEARS