

PDCF LEGACY FUND STATEMENT OF INTENT

I/we would like to share that I/we have named the PD Legacy Fund as a beneficiary of my/our estate plans as described below. I/we understand that this information will be held in the strictest of confidence.

Signature _____ Date _____

Signature _____ Date _____

The following information will help the PD Legacy Fund leadership plan for the future.

Name _____

Address _____

City/State/Zip _____

Phone _____

Email Address _____

The approximate gift value is \$ _____

I/we have made the following provision(s) for the PD Legacy Fund in my/our estate plan:

- Bequest through a will or a trust
- Charitable gift annuity
- Charitable lead trust
- Charitable remainder trust
- IRA/401(k)/other retirement plan designation
- Life insurance policy
- P.O.D. on bank account or brokerage account
- Other _____

Please describe the benefit assigned to the PD Legacy Fund or provide a copy of the page(s) in your documents that reference the gift.

I will make an annual pledge to the Legacy Fund of \$ _____

- Please invoice me during this month _____

For recognition purposes, please list name(s) as:

- I/we accept the benefits of joining the PD Legacy Society, but prefer to remain anonymous.

Statement of Intent may be returned to:

Professional Dimensions, c/o CEO Lauren Feaster
759 N. Milwaukee St., Suite 410, Milwaukee, WI 53202

Thank you for your support!