**DECLARATION OF INTENT
TO LEAVE A LEAGACY**

As evidence of the value I/We place on good public education and the mission of the Foundation for Winona Area Public Schools, I/We declare to have named that Foundation as a beneficiary in (check all that apply)

[ ] my/our will [ ] a life insurance policy [ ] a trust agreement [ ] a retirement plan

[ ] another arrangement (specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The *approximate* value of this charitable gift to the Foundation will be

 $ \_\_\_\_\_\_\_\_\_\_ or % \_\_\_\_\_\_\_\_\_\_ of residue
 (optional) (optional)

**UNDERSTANDINGS**

**I/We understand that**

* **Unless I/We specify another purpose, the gift will be added to the Foundation’s endowment;**
* **I/We may modify or revoke this arrangement at any time; it is not a legal obligation binding on me/us or on the estate;**
* **By conveying this information, I/We qualify for charter membership in THE LOWELL NELSON SOCIETY.**

I/We (do) \_\_\_\_\_\_\_ (do not) \_\_\_\_\_\_\_ give permission to be listed by name only with other members of THE LOWELL NELSON SOCIETY, the Foundation’s endowment builders group.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to Foundation for Winona Area Public Schools
 1570 Homer Road
 Winona, MN 55987

(A photocopy of this completed form will be returned to acknowledge its receipt.)

Rev. 2/2014