



CAPITOL LAKES
Foundation

STATEMENT OF PLANNED GIFT INTENT*

I/we are pleased to let you know that we have made a planned gift to the Capitol Lakes Foundation – EIN 38-3781089.

Name: _____

Address: _____

City State Zip

Phone: _____ Email: _____

I wish my support to remain anonymous

We have done one or more of the following:

Left Capitol Lakes Foundation in our estate/will

Listed Capitol Lakes Foundation as a beneficiary of our IRA or life insurance policy

Amended our Residence and Care agreement to return all or a portion of our entrance fee to the Capitol Lakes Foundation

Have established a Charitable Gift Annuity with the Capitol Lakes Foundation as beneficiary

Other; please specify: _____

Please direct my gift to:

Unrestricted Benevolent Care Staff Support Resident Life Community Impact

Approximate value of this future gift (if known): \$ _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Capitol Lakes Foundation
333 W. Main Street
Madison, WI 53703

**Please note that this is not a binding document and is mainly used for recognizing donor support.*