Lutheran Social Services of Wisconsin and Upper Michigan, Inc.

LSS Foundation, Inc.

Planned Gift Statement of Intent

As an indication of my/our desire to provide a legacy of support for Lutheran Social Services of Wisconsin and Upper Michigan (LSS)/LSS Foundation, I/we hereby inform LSS/LSS Foundation that I/we have made a provision for a gift in my/our estate plan. I/We understand that this commitment is revocable and can be modified by me/us at any time.

Donor Information

Full legal name(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email: _____

Donor Recognition

☐ Yes, you may recognize me/us in donor lists and at events. Please list my/our name as follows:

_____

☐ I/We prefer to remain anonymous during our lifetimes, but you may recognize me/use after my/our gift matures

☐ I/We prefer to remain anonymous

Gift Designation

☐ I would like to speak to a representative to discuss how my gift can support a specific program area.

☐ Lutheran Social Services of Wisconsin and Upper Michigan, Inc.

For immediate use by LSS programs at the time my gift is received.

Address: 6737 W Washington St, Suite 2275, Milwaukee, WI 53214
Phone: (414) 246-2300 | Email: donorservices@lsswis.org
Website: www.lsswis.org | Federal Tax ID: 39-0816846

Lutheran Social Services of Wisconsin and Upper Michigan is a 501(c)(3) organization.

☐ LSS Foundation, Inc.

To provide ongoing support for the work of LSS in perpetuity.

Address: 6737 W Washington St, Suite 2275, Milwaukee, WI 53214
Phone: (262) 794-7810 | Email: LSSFoundation@lsswis.org
Website: www.lssfoundation.org | Federal Tax ID: 39-1242451

LSS Foundation, Inc is a 501(c)(3) organization.

☐ Apply my gift to an existing named fund: _____

Description of Gift

- ☐ Bequest through Will or Revocable Trust
- ☐ Charitable Trust
- ☐ IRA/Retirement Plan Beneficiary
- ☐ Life Insurance Beneficiary
- ☐ Bank/Brokerage/Other Financial Account
- ☐ Real Estate:
  Please describe: _____
- ☐ Other: _____

My Future Gift

- ☐ Is a percentage of my/our estate
- ☐ Is a specific amount $ _____
- ☐ Confidential in its value
- ☐ With the understanding that values are subject to change, at this time I/ we estimate the value of my/our gift in today's dollars is approximately:

☐ Over $1,000,000 ☐ $1,000,000 - $500,000 ☐ $499,999 - $250,000

☐ $249,000 - $100,000 ☐ $99,999 - $50,000 ☐ $49,999 - $25,000

☐ $24,999 - $10,000 ☐ $9,999 - $100

By stating an amount, the donor is not legally bound by this statement and the donor may choose to add, subtract, or revoke this gift at any time. Decision making is at the sole discretion of the donor.

Signature

Donor: _____ Donor: _____

Date: _____ Date: _____

Please return your Planned Gift Statement of Intent form to:

Lutheran Social Services
Attn: Advancement Department
6737 W Washington St., Suite 2275
Milwaukee, WI 53214

or via email to: donorservices@lsswis.org

A member of the Advancement team will follow up with you.
If you have questions or need assistance, please contact
Jennifer Williamson, LSS Planned Giving Associate,
at (414) 391-5058 or jennifer.williamson@lsswis.org.

Your partnership means so much to neighbors in need.
Thank you for your legacy gift.