



The Community Foundation of Central Wisconsin's **Heinz Living Legacy Circle** honors the caring individuals and families who have made formal plans to leave a gift from their estate to the Community Foundation to support causes they care about most.

Since estate gifts are often made after the donor's death, the **Heinz Living Legacy Circle** allows the Foundation to recognize these individuals today for making a future investment in their community.

I/we have causes and programs in our community that are meaningful to me/us, and plan to leave a gift to the Community Foundation. I/we would be honored to join the Heinz Living Legacy Circle.

Name(s):	o(s) as you would like the	m to appoar in Commu	nity Foundation publications)
Address:			
City:	State:	Zip:	
Telephone:	Email: _		_
Type of Gift:			
Bequest Trust	Retirement Plan	Insurance Policy	Other
We have specified the followi	ng distribution of our gift:	:	
% to this Fund:			
% to this Fund:			
% to this Fund:			
☐ I / we wish to remain anon information so that the Founda ☐ I hereby agree to allow the	tion has a record of our ir	itentions.	We are only providing the above share this information.
Signature:		Date:	
This form can be mailed to us a	at: Community Fou 1501 Clark Stree Stevens Point, V		onsin
Ple	ease feel free to call us to	discuss your giving plar	1 S.