



## **LEGACY CIRCLE Gift Intention Form**

**So that we may welcome you into the WUWM Legacy Circle,  
please take a moment to share some information  
about your intended gift.**

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Name(s)

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Address

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City

State

Zip

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Phone

Email

### **Please tell us more about your gift to WUWM Milwaukee's NPR:**

\_\_\_\_ I/We wish to remain anonymous.

\_\_\_\_ Please list my/our names as a WUWM Legacy Circle member as follows:

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### **I/We have provided for WUWM through a:**

\_\_\_\_ Will or Revocable Trust      \_\_\_\_ Life Insurance Policy

\_\_\_\_ IRA or Retirement Plan      \_\_\_\_ Charitable Remainder Trust or Annuity

### **The intended, approximate amount of my gift is stated as:**

\_\_\_\_ Specific dollar amount of \$ \_\_\_\_\_

\_\_\_\_ Percentage of \_\_\_\_\_% (estimated at \$ \_\_\_\_\_)



**Please designate this gift for the following purpose:**

- ☐ **Sustainable Operations/No Restrictions**
- ☐ **Specialty Reporting**
  - ☐ Education
  - ☐ Environment
  - ☐ Race & Ethnicity
  - ☐ Eric Von Broadcast Fellowship
- ☐ **Endowment**

**What message do you have for future generations who will benefit from your generosity to WUWM?**

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☐ **I authorize WUWM to use my message for marketing purposes.**



**The name of my Executor or Trustee is:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**I/We will inform WUWM of any changes that might be made to this planned gift.**

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

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

*Thank you and welcome to the WUWM Legacy Circle!*

Susan Koppa McClurg, Donor Relations Specialist  
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