Legacy Society

Membership Form

DANE COUNTY HUMANE SOCIETY

By including Dane County Humane Society (DCHS) in your estate planning, you become a member of a special group of people—our Legacy Society! Thank you for your commitment to a more humane tomorrow.

To help us get to know you and better understand your intentions for your gift, we ask that you please complete this form with as much detail as you are comfortable sharing. The information you provide is not legally binding and we understand that you may wish to change your gift in the future. This information will be kept confidential. If you have questions, please call DCHS Director of Development & Marketing Amy Good at (608) 838-0413 ext. 129.

First name _____ Last Name _____

Partner First Name _____ Partner Last Name _____

Address _____

City _____State _____Zip _____

Phone _____☐Home ☐Cell ☐Work

Email _____

Partner Email _____

Birthdate _____Partner Birthdate _____

How are you currently connected to DCHS? (Please check all that apply)

☐ I am a donor

☐ I am a volunteer

☐ I have adopted from DCHS

☐ I have brought an animal to DCHS

☐ I've attended DCHS events

☐ Other _____

DCHS has been included in my/our estate planning by naming DCHS:

☐ In my/our Will or Revocable Trust for _____ % or $_____

☐ As ☐ primary or ☐ contingent beneficiary of:

Retirement account at _____ for _____%

Life Insurance Policy at _____ for _____%

CD/Security/Bank account at _____ for _____%

☐ Other (Annuity, Remainder Trust, Charitable Gift Annuity, etc.): _____

The approximate value of my gift in today's money is $_____ or _____% of my estate or residue.

Your Gift Will Support

☐ Greatest Need at DCHS (undesignated/unrestricted). Unrestricted gifts are most desirable since the needs of our community change over time. Unrestricted gifts also allow DCHS to best respond to these ever-changing needs.

☐ I would like to direct this gift to a specific purpose (please contact DCHS first to discuss your hopes for your gift.) _____

_____

_____

Who would be in contact about your gift?

Attorney Name _____Firm _____

Financial Planner Name _____Firm _____

Executor Name _____Phone _____

Is there anyone you want us to follow-up with about the impact of your gift?

Name _____Relationship _____

Address _____

City, State Zip _____

Email _____

Phone _____

Will you allow us to list your name as a member of our Legacy Circle and acknowledge your incredible support and set an example for other individuals who share your commitment to animals?

☐ Yes, please list my/our name as: _____

☐ No, I/we prefer to remain anonymous

Signature _____

Date _____

Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your planned giving intentions with your professional advisor.

Please mail completed form to:

Dane County Humane Society
5132 Voges Road
Madison, WI 53718
Attention: Amy Good

Or email to:

agood@giveshelter.org

Or fax to:

(608) 838-0368