



Foundation for Madison's Public Schools

MADISON PUBLIC SCHOOLS LEGACY CIRCLE *Membership Enrollment Form*

In recognition of my/our strong confidence in the work of the Foundation for Madison's Public Schools, I/we _____ confirm that I/we have made or will take steps to make a deferred gift to the Foundation. I/We understand that all information listed on this form will be kept in strict confidence.

NOTE: The information you provide is not legally binding and we understand that you may wish to change your gift in the future.

Donor Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Date of Birth ____/____/____

Co-Donor Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Date of Birth ____/____/____

In an effort to help the Foundation for Madison's Public Schools pursue its mission and also to encourage others to make similar gifts, I/we wish to enroll as a member in the Madison Schools Legacy Circle by confirming a deferred gift of:

\$ _____ (dollar amount) or _____ % (portion of residuary estate)

to the Foundation for Madison's Public Schools. When possible, please attach a copy of the portion of your will or other documents that include the Foundation as a beneficiary.

NOTICE TO DONOR: All information provided will be kept in the strictest confidence. We will use this information for planning purposes only to measure the level of our budgetary commitment to serving the needs of the Society. We understand that you may need to use estimates rather than exact figures.

Purpose of deferred gift to the Foundation for Madison’s Public Schools:

- () Unrestricted to provide maximum flexibility for the Foundation for Madison’s Public Schools.
- () Restricted for the following Foundation priority: _____

- () Restricted for the following area within the Madison Metropolitan School District: _____

Please make me/us a member of the Madison Public Schools Legacy Circle with the opportunity to participate in the various special programs available to Legacy Circle members. List my/our name in all publications in the following manner:

Signature _____ Date ____/____/____

Signature _____ Date ____/____/____

If you prefer that your name(s) not be included in our recognition lists, please contact Melinda Heinritz.

PLEASE RETURN COMPLETED FORM VIA MAIL OR EMAIL TO THE ATTENTION OF:

Melinda V. Heinritz
Executive Director
(608) 237-7722
mheinritz@fmeps.org

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