

## STATEMENT OF DONOR INTENT

Foundation for the Endowment of the American Birkebeiner 10527 Main Street, PO Box 911, Hayward, WI 54843 715-634-5025 | louise.droessler@birkie.com www.endowment.birkie.com

The **Foundation for the Endowment of the American Birkebeiner** (FEAB) recognizes individuals and families who have made provisions for a gift to FEAB in their estate plans. Membership in the Legacy Circle is by written confirmation of your deferred gift arrangements.

A statement of your intent to leave a gift to FEAB through your will or estate plan is all you need to become a Legacy Society member. FEAB will work with you to document specific ways you would like to be remembered through your gift and how you would like to be recognized. Your gift can be used to establish a new fund that reflects your charitable interests, or you can add it to any of FEAB's existing funds.

We will work with you to create a giving plan that fulfills your charitable vision. You can change your distribution instructions, grantees, and percentages at any time without the need to revise your will.

Thank you for allowing FEAB to assist you in carrying out your philanthropic goals.

| THAVE INCLUDED FEAD IN MIT ESTATE FLAN BY INCLUDING IT IN MIT.   |                                                                                                                                                                                                                    |  |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Will or Revocable Trust                                          | Charitable Trust                                                                                                                                                                                                   |  |
| Life Insurance Policy                                            | Qualified Charitable Distribution (Retirement Plans)                                                                                                                                                               |  |
| Other:                                                           |                                                                                                                                                                                                                    |  |
| This gift will be allocated to the existing fund:                | (\$ or %) Priority Fund (\$ or %) Bidwell Engebretson Tusen Takk Volunteer Fund (\$ or %) Pierce Lampman Trail Fund (\$ or %) Schwartz-Miller Scholarship Fund (\$ or %) Steve Gordon Tony Wise Museum Legacy Fund |  |
| I am interested in starting a new fund with a g  New Fund Name:  | ift of \$25,000 or more. Please contact me at the information below:                                                                                                                                               |  |
|                                                                  |                                                                                                                                                                                                                    |  |
| Legacy Circle Member                                             |                                                                                                                                                                                                                    |  |
| I accept your invitation to become a Legacy C FEAB publications. | Circle Member and give you permission to use the name(s) listed below in                                                                                                                                           |  |
| Name as it will appear in publications:                          |                                                                                                                                                                                                                    |  |
| The membership will remain anonymous until                       | FEAB receives our legacy bequest.                                                                                                                                                                                  |  |
| The membership will remain anonymous, fore                       | ever.                                                                                                                                                                                                              |  |



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| Alternative/Additional Directions                                                                                                                                                                      |                                            |      |
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|                                                                                                                                                                                                        |                                            |      |
|                                                                                                                                                                                                        |                                            |      |
|                                                                                                                                                                                                        |                                            |      |
| Sample Language to include a planned gift as part of your will:                                                                                                                                        |                                            |      |
| I/we bequeath to the Endowment for the American Birkebeiner loca<br>my residual estate – OR – the sum of \$ to be used for charitab<br>of Understanding held by the Endowment for the American Birkebe | le purposes set forth in a Statement of In |      |
| AttorneyName/Company:                                                                                                                                                                                  |                                            |      |
| CPA Name/Company:                                                                                                                                                                                      |                                            |      |
| Financial Planner Name/Company:                                                                                                                                                                        |                                            |      |
| Name:                                                                                                                                                                                                  | Date:                                      |      |
| Signature:                                                                                                                                                                                             | Email:                                     |      |
| Name:                                                                                                                                                                                                  | Phone:                                     |      |
| Signature:                                                                                                                                                                                             |                                            |      |
| Address:                                                                                                                                                                                               |                                            |      |
| City/State/ZIP:                                                                                                                                                                                        |                                            |      |
| Please return the completed and signed form to: Foundation for the Endowment of the American Birkebeiner 10527 Main Street, PO Box 911 Hayward, WI 54843                                               |                                            |      |
| Contact us: 715-634-5025 or louise.droessler@birkie.com                                                                                                                                                |                                            |      |
| Nonbinding Statement of Intent                                                                                                                                                                         |                                            |      |
| FEAB Representative:                                                                                                                                                                                   | Date:                                      |      |
| Chair, Board of Trustees:                                                                                                                                                                              | Accepted as of                             | , 20 |
| Approved by FEAB Board of Trustees:, 20                                                                                                                                                                |                                            |      |