



## THE LEADERS OF THE PACK

### Membership Form – Gift Intention

#### GENERAL INFORMATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### RECOGNITION (Please choose one of the two options below)

\_\_\_\_\_ 1. Realizing that my/our example may encourage others to include Wolf Ridge Environmental Center in their estate plan, I/we hereby give permission for my/our name to be recognized on The Leaders Of The Pack roster in any Wolf Ridge communication as indicated below:

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Please print your name(s) as you would like it to appear. The Leaders Of The Pack roster does not include gift amounts.

\_\_\_\_\_ 2. I/we prefer to remain anonymous

#### GIFT INFORMATION (Strictly confidential)

I/we have designated Wolf Ridge Environmental Learning Center as a beneficiary of a:

\_\_\_ Will or revocable trust

\_\_\_ Charitable remainder trust

\_\_\_ Savings account or CD

\_\_\_ Fund/trust at a foundation

\_\_\_ Life Insurance policy or annuity

\_\_\_ Charitable gift annuity

\_\_\_ Retirement account

Please complete the second page

The approximate value of my/our gift is \$ \_\_\_\_\_ (confidential or optional)

Please consider providing a copy or excerpt of your estate document that references your gift to Wolf Ridge. Doing so is completely optional, but greatly appreciated.

**Planned gifts, when received, will be directed by the board to supplement general operations or other needs identified by leadership.**

**PROFESSIONAL ADVISORS** (optional)

Attorney/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Financial Planner/Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Thank you for making a gift to the benefit of Wolf Ridge Environmental Learning Center's future. A copy of this form will be sent to you for your records. Welcome to The Leaders Of The Pack!

Donor (s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Wolf Ridge Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail the complete form to:

Pete Smerud

Wolf Ridge Environmental Learning Center

6282 Cranberry Road

Finland, MN 55603