



Legacy Society

Name(s) _____

Preferred Address: _____

E-mail Address: _____

Preferred Phone: _____

By returning this form, you are acknowledging that you have planned for the WDA Foundation in your future giving as indicated below. This Notice of Intent is provided to the WDA Foundation for informational purposes only and is not legally binding. Submission of this form indicates your desire to be included in the Legacy Society.

Please check all boxes that may apply:

- ☐ The WDA Foundation is named as a beneficiary in my will.
- ☐ The WDA Foundation is named as a beneficiary of my life insurance policy, 401(K), IRA, and/or retirement plan.
- ☐ The WDA Foundation is named with a remainder interest in my charitable trust.

Please check one box below:

- ☐ Please list me as an Anonymous Donor for purposes of public recognition.
- ☐ I give my permission to include my name in Legacy Society listings. Please list my name as indicated below:

(Please print clearly)

Please mail your completed Legacy Society Notice of Intent to:

WDA Foundation, Inc.
WDA Foundation Legacy Society
6737 W. Washington Street, Suite 2360
West Allis, Wisconsin 53214

*Thank you
for your support!*