

YES, I want to join the Legacy Society!

I am pleased to join the Legacy Society of Family Services. I understand that my gift will help create a sustainable future for Family Services and assure that they are able to Protect, Heal, and Care for children, families, and individuals in our community for years to come.

Please use this form or scan the code below to fill out the form online. This will help us know more about your intended gift. The information that you share here is not legally binding, and will only be used to welcome you to our Legacy Society. (Please check all that apply).

	☐ A specific dollar amount		
	☐ A percentage of		
	☐ The residual of	•	
		mily Services as a full or part etirement plan, or other esta	ial beneficiary of retirement assets, life ate provisions
	I/We have named Family Services as a beneficiary of: Charitable Remainder Trust Charitable Lead Trust		
The ap (Not req	proximate amount of ou uired, however it is appreciat	ed to help us plan for our future)	
Name(s)		
Addres	ss		
City		State	Zip Code
<i>'</i> —			
		Email	
	I/We would be pleased		r this gift as the name(s) appear above. The

Please return this completed form to Family Services. 300 Crooks St. Green Bay, WI 54305

