



### LEGACY CIRCLE

So that we may welcome you into the WUWM Legacy Circle, please take a moment to share some information about your intended gift.

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Email

**Please tell us more about your gift to WUWM Milwaukee's NPR:**

\_\_\_ I/We wish to remain anonymous.

\_\_\_ Please list my/our names as a WUWM Legacy Circle member as follows

**I/We have provided for WUWM through a:**

\_\_\_ Will or Revocable Trust

\_\_\_ Life Insurance Policy

\_\_\_ IRA or Retirement Plan

\_\_\_ Charitable Remainder Trust or Annuity

**The intended, approximate amount of my gift is stated as:**

\_\_\_ Specific dollar amount of \$ \_\_\_\_\_

\_\_\_ Percentage of \_\_\_\_\_% (estimated at \$ \_\_\_\_\_)

**Please designate this gift for the following purpose:**

\_\_\_ **Sustainable Operations**

\_\_\_ **Specialty Reporting**

\_\_\_ Education

\_\_\_ Environment

\_\_\_ Race & Ethnicity

\_\_\_ **Eric Von Broadcast Fellowship**

\_\_\_ Annual Support

\_\_\_ The Eric Von Broadcast Fellowship Endowment Fund

\_\_\_ **WUWM Endowment Fund**

**What message do you have for future generations who will benefit from your generosity to WUWM?**

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**\_\_\_\_\_ I authorize WUWM to use my message for marketing purposes.  
The name of my Executor or Trustee is:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**I/We will inform WUWM of any changes that might be made to this planned gift.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you and welcome to the WUWM Legacy Circle!**

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