MINNEHAHA ACADEMY

Legacy Giving Statement of Intent

This statement is an expression of my intent to provide for the future of Minnehaha Academy through a legacy or estate gift. The provision(s) made include the following:

_____ An outright bequest upon the passing of the donor, or the passing of the donor and spouse.

_____ A life insurance policy, in which Minnehaha Academy is named as beneficiary or owner and beneficiary.

_____ Retirement assets, in which Minnehaha Academy is named as a beneficiary.

_____ A trust agreement, with income reserved for the donor, spouse, or other income beneficiary.

_____ Other (please specify)_____

The estimated value of my (our) gift is $_____.

Purpose

It is my wish that the gift be used:

_____ At Minnehaha Academy's discretion, to create the greatest impact by supporting its most compelling needs and opportunities.

_____ For the following existing fund(s) or purpose:_____

_____

_____ To create the following fund (please provide fund name and purpose):_____

_____

Special circumstances of my gift include:

_____

_____

I would like to work with Minnehaha Academy to create a memorandum of understanding that details the purpose of my gift. Yes_____ No_____

Recognition*

Minnehaha Academy appreciates the opportunity to acknowledge your commitment to the school by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

_____ I (we) permit Minnehaha Academy to use my/our name(s) in printed lists of legacy gifts, which may appear in school's annual Impact Report, the Minnehaha magazine, web site and/or other publications.

_____ I(we) would like to be added to the TW Anderson Society, which carries on the legacy of Christian education to the next generation.

_____ I (we) prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.

_____ I (we) prefer to remain anonymous during and after my/our lifetime(s).

_____ _____

Donor Signature *Date*

Printed Name:

Address:

City: State: Zip Code:

Phone: (H) (W) (C)

email:

Date of Birth:

_____ _____

Spouse's Signature *Date*

Printed Name:

Address:

City: State: Zip Code:

Phone: (H) (W) (C)

email:

Date of Birth:

Thank you for your commitment to Minnehaha Academy and your investment in its future. If you have any questions, please contact Minnehaha Academy Director of Alumni and Community Engagement, Nicole Sheldon, at 612-728-7796 or sheldonnicole@minnehahaacademy.net.

**Note for couples: We are happy to list you either separately or as a couple, depending on your preference. If you would like to be recognized as a couple, please complete this form accordingly. If you are making separate legacy gifts and prefer to be listed individually in all documents and/or publications, please submit separate forms, one in each name.*