



Legacy Gift Declaration

Your gift, your legacy

A legacy gift to Morgridge is a powerful and meaningful way to honor your life, improve human health and inspire curiosity about science.

Please let us know if you've included the Morgridge Institute for Research Foundation in your estate plan by filling out this non-binding form so that together we can make sure to realize your desired impact through your gift. We are so grateful for your support.

Name(s): _____

Address: _____

City

State

Zip

Phone: _____ **Email:** _____

My/our legacy gift includes:

(Please select all applicable)

Bequest/will

Real estate

Trust

Other: _____

Retirement plan

Life insurance

With the understanding that values are subject to change and that this legacy gift is completely non-binding, the approximate value of this future gift is:

\$ _____



This gift is:

(Please select one)

- Unrestricted: to be used to benefit the Morgridge Institute for Research Foundation where the need is greatest

- To be used to support the following research areas, purposes, and/or programs:

My/our provision names the *Morgridge Institute for Research Foundation* as the beneficiary.

Signature of donor: _____ Date: _____

Signature of donor: _____ Date: _____

Please return this form and return it to:

Bill Swisher
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Morgridge Institute for Research
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Madison, WI 53715

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Email: bswisher@morgridge.org