Contact Us
FVTC Foundation, Inc.
PO Box 2277
Appleton, WI 54912 2277

foundation@fvtc.edu
920 735 5608

Planned Gift – Statement of Intent

This statement is an expression of my/our intent to provide for the future of the FVTC Foundation through a planned 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 **FVTC Foundation, Inc.** is named as beneficiary or owner and beneficiary.
- ❒ Retirement account, in which **FVTC Foundation, Inc.** is named as a beneficiary.
- ❒ A trust or annuity, with income reserved for the donor, spouse, or other income beneficiary.
- ❒ Other (please specify) _____

The estimated value of my/our gift is $_____ (*optional*)

Gift Designation

It is my/our wish that the gift be used:

- ❒ To create the greatest impact at Fox Valley Technical College by supporting its most compelling needs and opportunities at the discretion of **FVTC Foundation, Inc.**
- ❒ For the following existing fund(s) or purpose:

  _____

  _____
- ❒ To create new fund (please provide fund name and purpose):

  _____

  _____

Information for Planning

Legal Name: Fox Valley Technical College Foundation, Inc.
Address: 1825 N Bluemound Dr., Appleton, WI 54914
Federal Tax ID Number: 39-1264389

I would like to work with the FVTC Foundation to create a gift agreement that details the purpose of my gift.
❒ Yes ❒ No

I will provide you a copy of my will, policy, trust or beneficiary designation and appropriate contact information.
❒ Yes ❒ No

Fox Valley Technical College Foundation does not provide legal or accounting advice.
No statement made by the Foundation or Fox Valley Technical College employees should be construed as such.
Please contact your attorney or financial advisor for any advice.

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Donor(s)

First Name:		**Last Name:**	
Spouse Name:		**Last Name:**	
Address:			

City:		**State:**		**Zip:**	
Phone:		**E-mail:**			

Signature (*Required*): _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

Recognition

The FVTC Foundation appreciates the opportunity to acknowledge your commitment to our students by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

❒ I (we) permit the FVTC Foundation to use my/our name(s) in printed lists of planned gifts, which may appear in the FVTC Foundation or Fox Valley Technical College websites and/or other publications. When published it should appear as:

_____

❒ 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).

Thank you for your commitment to Fox Valley Technical College students and your investment in their future.
If you have any questions, please contact **Becky Boulanger** at 920-735-2407 or boulange@fvtc.edu.