



# GREAT FUTURES ENDOWMENT CAMPAIGN CASH GIFTS PLEDGE FORM

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

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name(s) for recognition purposes: \_\_\_\_\_

I/ we wish to remain anonymous.

## GREAT FUTURES Endowment Campaign Pledge Information

Total Pledge Amount: \$ \_\_\_\_\_ Annual Payment Amount: \$ \_\_\_\_\_

Please bill me:  Annually  Quarterly  Monthly

Month I would like billing to begin: \_\_\_\_\_

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

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

*All monetary contributions to the Boys & Girls Clubs of Central Minnesota qualify as 501(c)(3) tax deductible gifts.*

**On behalf of the thousands of children and families served by the Boys & Girls Club,  
THANK YOU FOR YOUR GENEROUS GIFT!**

Please return this form via mail or email to:  
The Boys & Girls Clubs of Central Minnesota, Attn: Deb Nebosis  
345 30th Avenue N., St. Cloud, MN 56303, dnebasis@bgcmn.org



# GREAT FUTURES ENDOWMENT PLANNED GIFTS PLEDGE FORM

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

Date of birth \_\_\_\_\_ Spouse date of birth \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name(s) for recognition purposes: \_\_\_\_\_

Relationship with Boys & Girls Club:  Board member  Trustee  Volunteer

Staff  Parent  Alumnus  Other \_\_\_\_\_

## Gift Information

I/we qualify for the Great Futures Legacy Circle through the following planned gift:

- |   |   |
|---|---|
| <input type="checkbox"/> Bequest (or Living Trust)          | <input type="checkbox"/> Charitable Remainder Unitrust                    |
| <input type="checkbox"/> Dollar amount                      | <input type="checkbox"/> Deferred Charitable Gift Annuity                 |
| <input type="checkbox"/> Stock or property                  | <input type="checkbox"/> RA/Retirement Plan Beneficiary                   |
| <input type="checkbox"/> Percentage bequest                 | <input type="checkbox"/> Gift of Residence/Farm with Retained Life Estate |
| <input type="checkbox"/> Residuary bequest                  | <input type="checkbox"/> Charitable Lead Trust                            |
| <input type="checkbox"/> Charitable Gift Annuity            | <input type="checkbox"/> Life Insurance Policy                            |
| <input type="checkbox"/> Charitable Remainder Annuity Trust |   |

Please indicate the approximate current market value of the planned gift named above:

\$ \_\_\_\_\_ *(This amount is needed to participate in the \$5,000,000 Norman C. Skalicky Challenge Grant. Funds will be managed by the Central Minnesota Community Foundation. This information will be treated as confidential.)*

How the gift should be recognized: \_\_\_\_\_

I/ we wish to remain an anonymous member of the Great Futures Legacy Circle (our planned giving recognition program).

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

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

