



# Member Commitment

## PLEASE COMPLETE THIS FORM TO BE RECOGNIZED AS A MEMBER OF THE #15 LEAGUE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Rawhide may include my (and, if applicable, my spouse's name) in #15 League listings. Neither the amount nor the designation will be included in the listing. Please list me/us as follows:

\_\_\_\_\_

I am honored to be included in the #15 League; however, I prefer to remain anonymous. Please do not include my/our name in #15 League listings.

### I have included Rawhide in my estate plan through my/our:

- Will or Living Trust
- Donor Advised Fund
- Retirement Plan/IRA
- Charitable Lead Trust
- Charitable Remainder Trust
- Charitable Gift Annuity
- Life Insurance Policy
- Other: \_\_\_\_\_

Estimated current value: \_\_\_\_\_ As of (date): \_\_\_\_\_

Additional information: \_\_\_\_\_

### My gift is:

- Unrestricted (Rawhide may use at their discretion)
- Designated for: \_\_\_\_\_

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

*Although this gift intention is meant as a firm commitment, I understand that my intention may be withdrawn or changed at my discretion at any time.*

**Our Mission:** Being dependent on God, we inspire and equip at-risk youth and their families to lead healthy and responsible lives through family-centered care, treatment, and education.

### Please return form to:

Rawhide Youth Services, Planned Giving  
E7475 Rawhide Rd, New London, WI 54961  
(920) 531-2590 | development@rawhide.org

**1-800-RAWHIDE | Rawhide.org**