



## Leaving a Legacy

A **planned gift** to the St. Croix River Association (SCRA) is a wonderful way to express your commitment to protect, restore, and celebrate the St. Croix River and its watershed. This future gift will help to ensure we carry out our vision of a thriving watershed forever accessible, scenic, and wild.

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## Declaration of Intent Confirmation Form

### Personal Information

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

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

### Declaration of Intent

I/we have made estate provisions to support the St. Croix River Association through:

- |   |  |
|---|--|
| <input type="checkbox"/> Will                       | <input type="checkbox"/> IRA/other retirement assets |
| <input type="checkbox"/> Trust                      | <input type="checkbox"/> Life insurance policy       |
| <input type="checkbox"/> Charitable gift annuity    | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Charitable remainder trust |  |

I/we estimate the value of this commitment to be: \$ \_\_\_\_\_ (confidential)

Or, as a percentage: \_\_\_\_\_ (confidential)

Other: please describe: \_\_\_\_\_

## Designating Your Gift

I/we wish to designate my/our gift for the following purpose:

- Unrestricted to the greatest need of SCRA
- St. Croix River Association Endowed Fund
- St. Croix River Association Opportunity Fund
- Other (Please contact the SCRA office)

## Recognition

With your permission, we would like to acknowledge your membership in our Planned Giving society in SCRA publications, such as the annual report. (Any donor listing will contain names only.)

- I/we give SCRA permission to list my/our name(s) as a member(s) of the Planned Giving society in publications and newsletters.

Please enter my/our name(s) as: \_\_\_\_\_

- I/we do not wish to be listed in any publications and wish to remain anonymous.

This Declaration of Intent is an expression of my/our present plans. It is not legally binding and is subject to change or modification by me/us.

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

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

If you have any questions, please contact  
Deb Ryun, Executive Director at  
715.483.3300 or at  
[debryun@scramail.com](mailto:debryun@scramail.com).

**Please return this form to:**  
St. Croix River Association  
P.O. Box 655  
St. Croix Falls, WI 54024