General Information

Name:			Birthdate:	
Nan	ne:		Birthdate:	
Add	lress:			
City	:	_ State:	Zip:	
Pho	ne:	_ Email:		
Re	cognition			
reali	C of Minnesota would like to annound izing it may encourage others to include planning.	-		
	Yes, you have our permission to annouse print the name(s) as you would lil	•	rticipation to the general membership ar in communication:	
	We prefer to remain anonymous.			
Gif	ft Information			
I/W	e have designated the AGC of Minne	sota Founda	tion as a beneficiary of a:	
	Will or Revokable Trust		Savings account or CD	
	Life insurance policy or annuity		Retirement account	
	Charitable remainder trust		Preferred charity	

(see reverse)

Gift Information (cont.)

Pleas	e use our estate gift for the following	j :			
	Scholarships for post-secondary students pursuing a construction career				
	Scholarships for member firms who are unable to meet the financial requirements for their employees to participate in STP classes or the Leadership Blueprint series.				
	Other (please contact AGC of Minnesota CEO to discuss opportunities)				
Professional Advisors					
Attorney/Firm:					
Address					
Financial Planner/Firm:					
Addr	ess				
City:		State:	Zip:		

Thank you for selecting the AGC of Minnesota Foundation.
The future of our industry depends on generous donations such as yours. A copy of this form will be sent to you for your records.

Please return form to: AGC of Minnesota Foundation | 525 Park Street, Suite #110 | St. Paul, MN 55103

Questions:

Please contact Tim Worke - tworke@agcmn.org or 651-796-2185