



Choose To Inform Challenge Confirmation Form

Thank you for your interest in the AIDS Resource Center of Wisconsin (ARCW). Once you complete and submit this form, ARCW will receive an additional \$1,000 donation as part of the Choose to Inform Challenge. All information is kept confidential other than public acknowledgment of name if permitted by donor. The AIDS Resource Center of Wisconsin adheres to the Code of Ethics of the Association of Fundraising Professionals.

Select option(s) below:

- Yes! I have included ARCW in my estate plans.
- Yes, please send me information about how to include ARCW in my estate plans.

Please include contact information:

Name(s): _____

- You may use my name in any public announcements
- I wish to keep this gift confirmation anonymous

Preferred Address: _____

City _____ State _____ Zip _____

Preferred Phone: _____

Preferred Email: _____

Your signature(s):

Signature(s): _____

Date: _____

This is not a legally-binding document. By informing us that ARCW has a place in your estate plans, you can help take advantage of a unique funding. It's a simple way to ensure ARCW's strength in the fight against AIDS into the future.