



## Tell Us About Your Estate Gift

Statement of Intent

Thank you for your generous commitment to Operation Fresh Start (OFS). To better understand your intentions of this gift, we ask that you please complete this form with as much detail as you are comfortable sharing. The information you provide is not legally binding and we understand you may wish to change your gift in the future. Questions? Please contact Jody Weyers, Development Director at 608-244-4721 x 123.

Please return the completed form to: Operation Fresh Start - Development Dept.  
2670 Milwaukee St. Madison, WI 53704 or [jweyers@operationfreshstart.org](mailto:jweyers@operationfreshstart.org)

**Operation Fresh Start Tax ID: 23-7108090**

### Contact Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Alternative email: \_\_\_\_\_

### About Your Gift:

If you are willing to disclose information about your gift, please check all that apply. If you choose, provide an estimate of the value of your gift in today's dollars.

Will                       IRA/Retirement Plan                       Charitable Remainder Trust

Trust                       Life Insurance Policy                       Other \_\_\_\_\_

The approximate value of my gift(s) is \$ \_\_\_\_\_ (Optional).

**Your Gift Will Support**

Select one or multiple options (must add up to 100%) below to designate your gift to Operation Fresh Start. If no option is selected, your gift will be directed to the highest priorities of OFS. (Unrestricted).

\_\_\_\_\_ % Highest Priorities of OFS (unrestricted) - Designate your gift to be used at OFS's discretion, including operating expenses.

\_\_\_\_\_ % Operation Fresh Start Endowment Fund with the Madison Community Foundation. - Designate your gift to build the OFS Endowment Fund for long-term sustainability.

**Acknowledging your Gift and Legacy Society**

Operation Fresh Start may publicly acknowledge our gift. Please list my/our names as:

\_\_\_\_\_

Please keep my gift anonymous.

If anonymous, you may publicly recognize my/our gift once it is realized.

Signature(s):

\_\_\_\_\_

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

\_\_\_\_\_

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

**Language to include in your will or trust:**

I/We give and bequeath to Operation Fresh Start (tax id#23-7108090), located in Madison, Wisconsin, \_\_\_\_\_ % of my residual estate – OR – the sum of \$\_\_\_\_\_ to be used for the charitable purposes set forth in a Statement of Intent held by Operation Fresh Start.

**Jack Osteraas Heritage Society:**

Your commitment through this legacy gift will ensure the future of Operation Fresh Start and the legacy our founder, Jack Osteraas, created back in 1970 with the first crew and first home!

As a member of the Jack Osteraas Heritage Society, you will receive:

- Recognition in OFS Annual Report and on the website
- Invitations to special youth builds, park dedications, and graduation ceremonies
- Invitation to yearly social for Jack Osteraas Heritage Society Members
- Engraved "In Memory" paver located in the Jack Osteraas Garden area upon the gift being realized

Thank you for supporting the work we do and believing in the young people of Operation Fresh Start!

Operation Fresh Start  
2670 Milwaukee St.  
Madison, WI 53704  
Phone: 608-244-4721  
[www.operationfreshstart.org](http://www.operationfreshstart.org)