



It is my/our desire that the following library(ies) benefit from my/our gift:

Please consider giving to our greatest need:

☐ Great River Regional Library

Or, choose to designate to:

- ☐ Albany Public Library
- ☐ Annandale Public Library
- ☐ Becker Public Library
- ☐ Belgrade - Myrtle Mabee Library
- ☐ Big Lake Public Library
- ☐ Buffalo Public Library
- ☐ Clearwater - Stickney Crossing Library
- ☐ Cokato Public Library
- ☐ Cold Spring Public Library
- ☐ Delano Public Library
- ☐ Eagle Bend Public Library
- ☐ Elk River Public Library
- ☐ Foley Public Library
- ☐ Grey Eagle Public Library
- ☐ Howard Lake Public Library
- ☐ Kimball Public Library
- ☐ Little Falls Carnegie Public Library
- ☐ Long Prairie Public Library
- ☐ Melrose Public Library
- ☐ Monticello Public Library
- ☐ Paynesville Public Library
- ☐ Pierz Public Library
- ☐ Richmond Public Library
- ☐ Rockford Public Library
- ☐ Royalton Public Library
- ☐ Sartell GRRL2GO
- ☐ Sauk Centre - Sinclair Lewis Library
- ☐ St. Cloud Public Library
- ☐ St. Michael Public Library
- ☐ Staples Public Library
- ☐ Swanville Public Library
- ☐ Upsala Public Library
- ☐ Waite Park - Al Ringsmuth Library

Statement of Intent Form

Thank you for considering the library in your estate planning.

Leave your legacy by giving back to your community through your local library. Your decision will make a lasting impact and continue to preserve and enhance the library. Learn more online at griver.org/planned-giving.

Please complete the form and send to:

Great River Regional Library
Attn: Breanne Fruth
1300 West St. Germain Street
St. Cloud, MN 56301

If you have any questions, contact Breanne Fruth, Communications and Development Coordinator at (320) 650-2532 or breannef@grrl.lib.mn.us

As evidence of my/our desire to support local libraries that have been important to me/us, I/we hereby inform Great River Regional Library that I/we have made a provision for a gift in my/own estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Name(s)

Address

City

State

Zip

() _____
Phone

Email

Date

I/we have already included the identified library(ies) in my/our estate plan in the form of: (check all that apply)

____ Will

____ Individual Retirement Accounts (IRA)

____ Life Insurance Policy

____ Charitable Trust

Other: _____

☐ I/We permit my/our name(s) and/or photographs to be included in materials to inspire and encourage others to support their library.

☐ I/We prefer to remain anonymous.

Information you provide here is protected under Minnesota Data Practices Statutes. Providing this information is strictly voluntary and will be used for GRRL financial accounting and to support GRRL fund development activities. It will be available only to authorized library personnel and contracted vendors. Name, address and amount of gift is considered public information. The personal information collected must be released pursuant to a court order or request by MN state or legislative auditor.