



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

Great River Regional Library is grateful for your support of local libraries. With your help, future generations in our communities will continue to utilize their local libraries to explore, learn, and connect.

If you would like to consider including Great River Regional Library in your estate plan, thereby leaving a gift that will continue beyond your lifetime, please complete the form and send to:

Great River Regional Library
Attn: Communications and Development
1300 West St. Germain Street
St. Cloud, MN 56301

If you have any questions, contact Breanne Johnson, Communications and Development Coordinator at (320) 650-2532 or breannej@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.