Leave a Legacy

Organization’s name. logo

**Gift Intention**

Please Note: (organization name) wishes you to understand that the information you are providing is to assist us in assuring that your gift is used for the purposes you intend and for projecting future financial support. ***THIS FORM IS NOT A BINDING LEGAL OBLIGATION UPON EITHER YOU OR YOUR ESTATE AS TO THE VALUE OR THE PROVISION(S) OF YOUR ESTATE PLAN***.  ***YOU RETAIN COMPLETE CONTROL OVER YOUR ESTATE AND CAN CHANGE YOUR ESTATE PLAN AS YOU NEED TO AT ANYTIME.***

Dear (organization name):

As an indication of my/our intention to support (organization name , I/we are pleased to let you know that I/we have made the following gift or estate provision for the benefit of the University:

1. 🞏 Will Bequest 🞏 Charitable Gift Annuity

🞏 Testamentary Trust 🞏 Charitable Remainder Trust

🞏 Life Insurance 🞏 Charitable Lead Trust

🞏 Other \_

1. **General description of the gift provision** (percentage, monetary amount, property):

\_

\_

It is to be understood that values are subject to change, but I/we expect the *current* value of my/our provision to be approximately $ .

1. **I/We wish my/our gift to be used for**:

🞏 The area of greatest opportunity or need

🞏 The following purpose(s) (For example: academic research, scholarships, fellowships, athletics,

student activities, program support, faculty/staff support, community engagement):

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **I/We are providing the following gift documentation (attached or to be sent):**

🞏 A copy of the estate plan provision

🞏 Other gifting document (describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

🞏 No documentation at this time.

1. **Our preference for acknowledgement and recognition of our Gift is:**

🞏 I/we would like this gift to remain anonymous.

🞏 I/we authorize release of information about my/our gift for public disclosure to advance (organization name).

Name(s) should appear as:

Our birth dates are: Tel. e-mail:

Address:

Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(organization contact information)