(organization name) Leave a Legacy

**Gifting Information**

Please Note: (organization name) wishes you to understand that the information you are providing will assist us to be as responsive as possible to your inquiry and will be used solely for that purpose. ***THIS FORM DOES NOT COMMIT YOU TO MAKE A LEGACY GIFT TO***  (organization name).

Dear (organization name):

I am providing this information to help (organization name) respond to my inquiry regarding how and in what ways, I/we might make a planned gift for the benefit of the (organization name). I/we are considering making a gift through:

1. 🞏 Will Bequest 🞏 Charitable Gift Annuity

🞏 Testamentary Trust 🞏 Charitable Remainder Trust

🞏 Life Insurance 🞏 Charitable Lead Trust

🞏 Other \_

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

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

1. **I/We would 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 would be making our gift through:**

🞏 A copy of the estate plan provision

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

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

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

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

Name(s):

Our birth dates are: Tel. e-mail:

Address:

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

(organization contact information)