

Statement of Future Gift Intent



Donor name(s) (You will be recognized with your spouse unless you specifically indicate otherwise: Include my spouse/partner Do not include my spouse/partner)

Spouse/partner name

Mailing Address City State Zip Code

Home Phone Cell Phone Preferred E-mail Address

Relationship(s) with Georgia State (please check all that apply)

- Board of Trustees (current or past)
- Alumnus/a
- Faculty/Staff
- Advisory Board
- Parent/Grandparent
- Friend

Gift Information

I/we have made provision(s) to benefit the Georgia State University Foundation in the following manner(s):

Bequest (in Will or Trust):

- Dollar amount
- Stock or property
- Percentage
- Residuary

Beneficiary Designation:

- Retirement Account
- Life Insurance Policy
- Bank Account (POD)
- Investment Account (TOD)

Other Gift Type:

- Charitable Gift Annuity
- Charitable Lead Trust
- Charitable Remainder Trust
- Life Insurance Policy
- Other (please specify): _____

Please attach a copy of the relevant language from your estate documents confirming the Georgia State University Foundation is included in your estate plans.

Is this commitment upon the death of:

- the first spouse? Yes No
- both spouses? Yes No
- any additional person? Yes No

Please provide Date(s) of Birth: _____

Please provide Date(s) of Birth: _____

Please provide Name(s) and Date(s) of Birth: _____

Today's estimated value of my/our future gift to the Foundation is approximately \$ _____.

College and/or Unit Designation(s): _____

The gift is:

- Unrestricted
- Restricted as follows: _____

Donor Recognition Preferences

All donors of future gifts become members of the Legacy Circle. To ensure your recognition preferences are honored, please select one of the options below:

- Georgia State has my permission to publish my/our name(s) in the Annual Report, other publications and on its website as appropriate.
- Please do not publish my/our name(s) in the Annual Report, other publications or on the website.

Acknowledgement

For gift crediting purposes, I (we) should notify Georgia State University if changes are made to my (our) estate plan(s) that will affect the above provisions. It is understood that all bequest and beneficiary designations stated herein are revocable and are not binding upon my (our) estate(s).

Donor signature Date Birth Date

Spouse/partner signature Date Birth Date