

# STATEMENT OF FUTURE GIFT INTENT FORM



## Donor information

Primary Donor Name \_\_\_\_\_

Spouse/Partner's Name  Do not include my spouse/partner (You will be recognized with your spouse/partner unless you indicate otherwise)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

## Gift Information

I/we have made provisions(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
- Donor Advised Fund
- Other (specify): \_\_\_\_\_

### This commitment is upon the death of:

The first spouse  Yes  No Date of birth: \_\_\_\_\_  
Both spouses  Yes  No Dates of births: \_\_\_\_\_  
An additional person  Yes  No Date of birth: \_\_\_\_\_

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

College and/or unit designation(s) \_\_\_\_\_

This 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, 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- Please do not publish my/our name(s) in the annual report, other publications or on the website.

## Successor Recipient(s)

The following individual(s) will be the successor recipient(s) of information relating to my gift in the future.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation \_\_\_\_\_

## Acknowledgment

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

\_\_\_\_\_  
Spouse/partner signature

\_\_\_\_\_  
Date

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

Return this form to the Georgia State Office of Gift Planning, PO Box 3984, Suite 742, Atlanta, GA. 30302-3984 or [giftplanning@gsu.edu](mailto:giftplanning@gsu.edu). Call 404-413-3425 with any questions. Georgia State Foundation EIN: **58-6033185**