



# Statement of Support/Estate Gift Confirmation

If you have made provisions in your estate for a gift to Franklin College, please let us know by completing the form below and returning it to us. You may also send documentation (optional). All information will be kept confidential.

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Spouse's birthdate (mm/dd/yyyy) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Type of Gift

- Outright bequest in a Will or Living Trust
- Bequest in the Will or Living Trust of the surviving spouse
- Bequest from a Retirement Plan
- Charitable Remainder Trust
- Charitable Gift Annuity
- Deferred Gift Annuity
- Life Insurance
- Charitable Lead Trust
- Other \_\_\_\_\_

### Gift Description and Use

General description of gift provision (i.e. percentage, value, type):

\_\_\_\_\_

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

I wish my future gift to be used for:

- The area of greatest opportunity
- A permanent endowment fund (Please specify academic discipline or program for scholarships, department chairs, fellowships, faculty/staff support, etc.) \_\_\_\_\_
- Underwriting a specific program or department (Non-endowed programs such as a one-time scholarship, academic program, athletic program, etc.) \_\_\_\_\_

My employer may provide a matching contribution. Name of employer: \_\_\_\_\_

I would like this gift to remain anonymous.

I would like information about donor societies for which this gift may qualify me.

It is understood that these statements and intentions are made to assist Franklin College in projecting future financial support and gift expectancies. This is not a binding legal obligation upon the donor or his or her spouse or their estates as to the value or receipt of the provision(s) herein revealed and described. A copy of the provision is attached or will be sent when it is executed.

Signature of donor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of donor: \_\_\_\_\_ Date: \_\_\_\_\_