

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)			
City:				Zip code:	
Phone:		Email:			
	pe of Gift				
	Outright bequest in a Will or Living Trust	Charitable Remainder TrustCharitable Gift Annuity		Charitable Lead TrustDonor-Advised Fund (DAF)	
П	Bequest in the Will or Living Trust of the surviving spouse	☐ Deferred Gift Ann	uity	Other	
	Bequest from a Retirement Plan	☐ Life Insurance			
approximately \$ I wish my future gift to be used for: The area of greatest opportunity			☐ Underwriting a specific program or department (Non-endowed programs such as a one-time		
I wish my future gift to be used for:			☐ Underwriting a specific program or department		
П	A permanent endowment fund (Please specify acader discipline or program for scholarships, department chairs, fellowships, faculty/staff support, etc.)		scholarship, academic program, athletic program, etc.)		
	My employer may provide a matchin I would like this gift to remain anony I would like information about dono	ymous.	. ,	lify me.	
su] as	pport and gift expectancies. This is no	ot a binding legal obliga	tion upon the	klin College in projecting future financial donor or his or her spouse or their estates copy of the provision is attached or will be	
Signature of donor:		Date:	Date:		
Signature of donor:		Date:	Date:		