



## PLANNED GIVING DECLARATION OF INTENT

### ***Return this form, completed and signed to:***

University of Central Missouri Foundation, Office of Gift Planning,  
Smiser Alumni Center, Warrensburg, MO 64093  
Telephone: 660-543-8000 Toll-free: 866-752-7257 Fax: 660-543-4705  
Email: [plannedgiving@ucmo.edu](mailto:plannedgiving@ucmo.edu) On the web: [www.ucmo.edu/plannedgiving](http://www.ucmo.edu/plannedgiving)

*Thank you for your decision to notify us about your planned gift supporting our mission to make a college education more affordable and accessible, leading to successful careers and lifetime learning. After we receive your documentation, you will receive official acknowledgement of your gift and membership in our Heritage Society. We also may contact you for more details if you have a specific area you wish your gift to benefit. On behalf of our students, faculty and staff, thank you for your generous support!*

Donor Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Donor Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email \_\_\_\_\_

I/We have provided support for the mission and goals of the University of Central Missouri Foundation with one or more of the following planned gifts:

- ☐ Will
- ☐ Trust
- ☐ Retirement Plan
- ☐ IRA
- ☐ Life Insurance Policy
- ☐ Other (please describe) \_\_\_\_\_

I/We have provided for a planned gift of \$\_\_\_\_\_ OR as a \_\_\_\_\_ percentage of my/our estate, which has a current estimated value of \$\_\_\_\_\_. Indicating a gift amount will allow your gift to be fully counted in our fundraising goals. My gift is currently valued at \$\_\_\_\_\_.

- ☐ I/We *have* provided OR ☐ I/we *will* provide a copy of the portion of the will or other instrument that pertains to our gift to the UCM Foundation.
- ☐ I/We give permission for the UCM Foundation to count the value of our planned gift in its fundraising totals.
- ☐ This is an update of a previously documented planned gift.
- ☐ I/We give permission to publicize our gift and name(s) as member(s) of the Heritage Society as motivation for others to leave planned gifts. The UCM Foundation agrees to keep the gift amount confidential in all publicity.
- ☐ I/We would like to remain anonymous.

My/our gift to the UCM Foundation is to be used for the following:

\_\_\_\_\_  
\_\_\_\_\_

**Donor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Donor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_