



Legacy Gift Intention Form



Description of Gift

- ☐ Charitable Trust
☐ IRA or Retirement Plan
☐ Bequest through will/trust as a percentage of estate _____ specific amount \$ _____
☐ Other _____



Estimated value if not already listed \$_____ The Marshall University Foundation, Inc. recognizes that your circumstances and the estimated gift values you provide can change over time and appreciates details of your arrangements to help insure that your wishes are followed. The Foundation would welcome for our confidential records, a copy of your document, or the appropriate section(s) thereof, in order to assure the Foundation's continued ability to fulfill your intentions.

Purpose of Gift

- ☐ This gift is to be unrestricted and may be used where the need is greatest at Marshall University.
☐ This gift is to be used to support the Joan C. Edwards School of Medicine.

Other information you would like to share with us (e.g. any contingency provisions related to the gift, contact information of your estate planning advisor, _____)

Donor Information

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. While I/we consider that I/we have an intention to make this gift, I/we reserve the right to adjust or cancel it in the event of a change in circumstances.

Signature: _____ Date: _____

Signature: _____ Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Would you like to be recognized in our Old Main Society? _____

Development Staff: _____ ID: 100 _____

Date Received _____

Date Solicited: _____

Donor(s) ID: 100 _____