

Greenville University Office of Development Planned Gift Intention Form



Please complete the following so that we can properly recognize and acknowledge your planned gift to Greenville University.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Last First Middle Initial Month / Day / Year

Spouse's Name: *(if applicable)* _____ Date of Birth: _____
Last First Middle Initial Month / Day / Year

Address: _____ Telephone: _____
Street City State Zip

TYPE

Will Living/Revocable Trust Irrevocable Trust Life Insurance Designated Beneficiary of Investment Account

Other: _____

DESCRIPTION

Please describe your planned gift to Greenville University (*For example—GU will receive a certain dollar amount or percent of named property*).

The approximate current value of the planned gift is \$_____.

This is a "contingent" gift (*GU is a secondary beneficiary*).

Please describe the contingency, _____

PURPOSE

This is an unrestricted gift. This gift is to be restricted for use by: _____

I/We understand the Planned Gift Intention Form is not legal or binding. If our planned gift should change, we will notify the University. Greenville University acknowledges that the value of the gift may be significantly different than the current value.

Signature _____ Date _____ Signature _____ Date _____



GREENVILLE
UNIVERSITY

PLEASE RETURN TO:
Development Office
Greenville University
315 East College Avenue
Greenville, IL 62246