



Office of Planned Giving
UNIVERSITY ADVANCEMENT
STATEMENT OF PHILANTHROPIC INTENT

Name (s): _____

Birthdate (mm/dd/yy): _____ Spouse Birthdate (mm/dd/yy): _____

Email: _____

****Note: ALL INFORMATION IN THIS DOCUMENT REMAINS STRICTLY CONFIDENTIAL EXCEPT WHERE/WHEN PERMISSION IS GIVEN FOR DONOR RECOGNITION.**

As an indication of my/our future support for Oakland University (OU), I/we are pleased to report that I/we have made a gift or estate provision for the benefit of OU.

- A. Outright bequest via Will(s) or Personal Trust(s) dated _____
- Charitable Remainder Annuity Trust or Charitable Remainder Unitrust
- OU named as beneficiary on my/our
 - Commercial Annuity
 - Retirement Account
 - Life Insurance
- Other _____

- B. Is the gift provision
 - Lump Sum \$ _____
 - Percentage _____% (Today's value estimated at \$ _____)

C. My/our gift provision is: Revocable Irrevocable

- D. I/we request my/our future gift be used for:
 - The area of greatest opportunity or need
 - Other (Specify college, school, academic department or degree program for research, scholarships, fellowships, faculty/staff support, athletics, special projects, etc.)

I/we understand that these statements and estimates are offered solely to assist OU in recording and projecting future financial support and gift expectancies.

****THIS IS NOT A BINDING LEGAL OBLIGATION UPON THE DONOR OR HIS, HER OR THEIR ESTATE AS TO THE VALUE OR RECEIPT OF THE PROVISION(S) HEREIN REVEALED AND DESCRIBED.**

Signature of Donor _____ Date: _____

Spouse Signature _____ Date: _____

Contact Information

Street Address: _____ City, State ZIP: _____

Daytime Phone: _____ Evening Phone: _____

Donor Recognition

Oakland University does list donors who have made commitments to the university in various publications. By doing so, alumni and others may think about the possibilities of making provisions for the university in their own estate or financial plans.

A. May we have your permission to list your name in our Donor Honor Rolls?

Yes No

B. If yes, please provide your name as you wish to be recognized.

Professional Advisors

Do you have any professional advisors with whom we should connect at some time?

Name: _____ Phone Number: _____

Email: _____

Name: _____ Phone Number: _____

Email: _____

Comments, suggestions, requests for additional information.

Thank you for your thoughtful support of Oakland University!

For University Advancement use only:

Date _____
Director of Planned Giving

Date _____
Director of Advancement Services

G# _____ Fund _____ Type _____ % _____ mo _____
LE _____ 1, 2 PV _____ FV _____ Face _____