



Statement of Future Gift Intent

Please print

Donor name(s)

Spouse/partner name

Mailing address

City

State

Zip code

Preferred email address

Cell phone

Home phone

Gift information

I/we have made provision(s) to benefit A.T. Still University in the following manner(s):

For your records, I/we have enclosed the relevant portion of my/our estate plan document that pertains to my/our gift (optional).

Yes, document enclosed No, document not enclosed

Bequest (in will or trust)

- Dollar amount
- Stock or property
- Percentage (____%)
- Residuary

Beneficiary designation

- Retirement account
- Life insurance policy
- Bank account (POD)
- Investment account (TOD)

Other gift type:

- Charitable gift annuity
- Charitable lead trust
- Charitable remainder trust
- Other (specify): _____

Designation

Today's estimated value of my/our future gift to the University is approximately \$ _____

The gift is: Unrestricted Restricted as follows: _____

- | | |
|--|--|
| <input type="checkbox"/> A.T. Still University (ATSU) | <input type="checkbox"/> Kirksville College of Osteopathic Medicine (KCOM) |
| <input type="checkbox"/> Arizona School of Dentistry & Oral Health (ASDOH) | <input type="checkbox"/> Missouri School of Dentistry & Oral Health (MOSDOH) |
| <input type="checkbox"/> Arizona School of Health Sciences (ASHS) | <input type="checkbox"/> School of Osteopathic Medicine in Arizona (SOMA) |
| <input type="checkbox"/> College of Graduate Health Studies (CGHS) | |

University policy requires a minimum \$25,000 gift to create a named endowment.

Donor recognition preference

This future gift for A.T. Still University entitles donor(s) to membership in the Legacy Society. To ensure your recognition preferences are honored, please select one of the following options:

- A.T. Still University has my permission to publish my/our name(s) in publications and on its website as appropriate.
Note: dollar amounts will remain confidential
- Please do not publish my/our name(s).

Acknowledgement

For gift crediting purposes, I (we) should notify A.T. Still University if changes are made to my (our) estate plan(s) that will affect the above provisions. It is understood that all bequest and beneficiary designations stated herein are revocable and are not binding upon my (our) estate(s).

Donor signature

Date

Birthdate

Spouse/partner signature

Date

Birthdate

A.T. Still University and its employees do not provide tax or legal advice. Prospective donors should consult with their legal and financial advisers.

Please return this form to A.T. Still University Development, 800 W. Jefferson St., Kirksville, MO 63501, or development@atsu.edu. Call 660.626.2180 with any questions.