

# LETTER OF INTENT FOR A FUTURE (ESTATE) GIFT

As evidence of my/our desire to provide a legacy of support to St. Cloud State University, I/we hereby inform St. Cloud State University that I/we have made a provision for a gift to the University in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Class Year (if applicable): \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Second Name (if joint gift) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

It is my/our intent to leave a legacy to St. Cloud State University through my/our:

- Will
- Retirement Plan Assets
- Life Insurance Policy
- Living Trust
- Charitable Remainder Trust
- Other \_\_\_\_\_

I/we wish to inform the St. Cloud State University Foundation, for long-term planning purposes only, that as of this date, the value of my/our gift is: \$\_\_\_\_\_. \* (If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.) I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. (The St. Cloud State University Foundation requests notification any time you make changes or adjustments to your gift.)

Please designate this gift to benefit the following scholarship, program, department, college or to "where the need is greatest":

\_\_\_\_\_

Please enroll me/us in the St. Cloud State University **HERITAGE SOCIETY** under the following conditions:

- Feel free to publish my/our name(s) among your lists of Heritage Society members as a motivation for others to leave a future gift to benefit St. Cloud State University. I/we wish my/our name(s) to appear as:  
\_\_\_\_\_
- Do not publish my/our name(s) on any donor roster (this is an anonymous gift).

Date \_\_\_\_\_ Donor(s) Signature(s) \_\_\_\_\_

\* We hope that you will share the approximate amount of your gift with us so that the benefiting college or program will know of your generosity and be able to recognize you appropriately. It is also helpful for us to have on file any supporting documentation which you may be able to share with us. Please attach if possible.



SCSU FOUNDATION

720 Fourth Avenue South • St. Cloud, MN 56301-4498

Tel: (320) 308-6138 Toll Free: (866) 464-8759 • Fax: (320) 308-5281

Online: [www.stcloudstate.edu](http://www.stcloudstate.edu)