

## STATEMENT OF FUTURE GIFTS \_\_\_\_\_

| Donor Name  |  |            | Date of Birth |  |
|---|--|------------|---------------|--|
| Spouse/Partner Name (If Joint Gift)   |  |            | Date of Birth |  |
| Donor Address   |  |            |               |  |
| Email   |  |            | Phone         |  |
| GIFT INFORMATION  |  |            |               |  |
| I have made the following provision(s) for the University of Georgia Foundation to be used to benefit:  |  |            |               |  |
| <ul> <li>□ Outright bequest payable upon my death directly to the University of Georgia Foundation.</li> <li>□ Provision in will of surviving spouse/partner payable to the University of Georgia Foundation.</li> <li>□ Beneficiary designee of a life insurance policy, IRA, pension plan, 401(k) or 403(b).</li> <li>□ Testamentary trust established at death naming University of Georgia Foundation as the beneficiary.</li> <li>□ Other:</li></ul> |  |            |               |  |
| Please attach a copy of the relevant language from your estate documents or other documentation confirming the University of Georgia Foundation has been designated as the beneficiary.   |  |            |               |  |
| The estimated current value of my future gift to the Foundation is \$ However, it is understood that this document is not binding on my estate as future fluctuations/changes in the market/economy may have an impact on this value.   |  |            |               |  |
| Please direct the proceeds from my future gift as follows:  Unrestricted gift to support:  To benefit an existing fund. Fund Name:  To create a new fund. Contact: The Office of Gift and Estate Planning at 706-542-8140.  |  |            |               |  |
| DONOR RECOGNITION PREFERENCES   |  |            |               |  |
| All donors of future gifts become members of the Heritage Society. To ensure your recognition preferences are honored, please select one of the below options:  |  |            |               |  |
| The University has my permission to publish my/our name(s) along with other Heritage Society members in the annual Honor Roll of Donors (as part of the Report to Donors). Please publish my/our name(s) as follows:  |  |            |               |  |
| *   | (No value will be printed or released without permission). |            |               |  |
| ☐ Please <b>do not</b> publish my/our name(s) in the annual Honor Roll of Donors or any other publications.   |  |            |               |  |
| Benefits of membership to the Heritage Society include, but are not limited to, Presidential acknowledgment, a Heritage Society welcome packet and invitations to exclusive events. Please select one of the below options:   |  |            |               |  |
| I/we would be pleased to accept the benefits of membership to the Heritage Society.   |  |            |               |  |
| ☐ I/we do not wish to receive the benefits of membership to the Heritage Society.   |  |            |               |  |
| I would like to design at the following in dividual(s) as appearant notation to form information polating to may eith.  |  |            |               |  |
| I would like to designate the following individual(s) as successor recipient(s) of any information relating to my gift:  Name: Address: Relation:   |  |            |               |  |
| Name:   |  | Address:   |               |  |
|   |  |            | Relation:     |  |
| THANK YOU for supporting the  | DONOR:   | SIGNATURE: | DATE:         |  |
| University of Georgia! DONOR: SIGNATURE: DATE:  |  |            |               |  |
| Please return this form to the UGA Office of Gift and Estate Planning   394 S. Milledge Ave. Athens, GA 30602   Phone: (706) 542-8140   |  |            |               |  |