



P.O. Box 1857
Fayette, IA 52142
Phone: 563-425-5388
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www.uiu.edu/alumni

Letter of Intent for Estate Gift

I/we desire to provide for the future well-being of Upper Iowa University through a provision in my/our estate plans, and with this letter I/we are informing Upper Iowa University of my/our plans. I/we understand that this future commitment can be revoked or modified by me/us at any time.

Donor Name 1

Donor Name 2

Address, City, State, ZIP

Phone

Fax

E-mail address

I/we have made a provision to leave a legacy to UIU through my/our:

____ Will ____ Retirement plan or IRA ____ Other _____

____ Living trust ____ Life insurance policy _____

I/we wish to inform Upper Iowa University, for long-term planning purposes only, that the current value of my/our future gift is \$ _____. (This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value of the estate and the percentage to UIU.) I/we understand that by stating an amount my/our estate is not legally bound by this statement and that I/we may choose to add, subtract or revoke this bequest at any time, at my/our sole discretion.

Gift Purpose (choose one)

Gifts of any value

- I/we wish for my/our gift to benefit the UIU Fund to help meet the most pressing needs of the University. *(Preferred option.)*
- I/we wish my/our gift to benefit the _____ program or department at UIU.
- I/we wish my/our gift to benefit the Forever UIU Endowment Fund.
- I/we would like to establish/increase an endowed scholarship fund in honor of the individual(s) listed below. *(Gift must be \$25,000 or above to establish.)*

_____.

Gift Recognition (choose one)

_____ You may publish my/our names in your lists of UIU Heritage Society members as a motivation for others to leave a future gift to benefit UIU.

_____ I/we do not want my/our names published.

Next of Kin

Please continue communication with the individual(s) listed below after this gift is received by Upper Iowa University. (Such communication includes gift receipt if not drawn on a trust, gift recognition, endowment reports for donor endowed funds, etc). If additional space is needed, include on a separate sheet of paper.

Name: _____

Address: _____

City, State ZIP: _____

Phone: _____ Relationship to donor: _____

Name: _____

Address: _____

City, State ZIP: _____

Phone: _____ Relationship to donor: _____

Donor Name 1 (print) Donor Name 2 (print) Date

Signature Signature

UIU Representative (print) UIU Signature Date