## **STATEMENT OF INTENT** (for a Future Gift)

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

Name			Date of Birth
Spouse/Partner			_ Date of Birth
Address			
City		State	ZIP
Preferred Phone Number (_	)		
Email			
TYPE: (check all that apply)			
□ Will	☐ Living Trust		☐ Charitable Remainder Trust
☐ Retirement Plan Assets	☐ Life Insurance (owner or b	eneficiary)	☐ Other
PURPOSE: The current app	proximate value of this gift is \$		
• •			d present value of that percentage) to be
\$	Gift Designation		
\$	Gift Designation		
\$	Gift Designation		
time, I/we may choose to add, Office of Gift Planning requests n The Frontier Legacy Society re have invested in the Universi belief in CSU and demonstrate	subtract, or revoke this gift at my/ otification of any and all changes or a ecognizes the special group of Colo	our sole dis adjustments orado State t. Members	University alumni and friends who ship in this gift club expresses your
<ul><li>□ DECLINE membership in t</li></ul>			
☐ This gift is ANONYMOUS			
Donor Signature			_ Date
Spouse/Partner Signature			Date

## Office of Gift Planning

7115 Campus Delivery
Fort Collins, CO 80523-7115
Phone: (970) 491-4254
Email: giftplanning@colostate.edu
Web: giftplanning.colostate.edu

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