

Legacy CHALLENGE 2020



THE CAMPAIGN FOR
NORTH DAKOTA
STATE UNIVERSITY

IF you name North Dakota State University as a beneficiary in your will, trust, retirement plan, or charitable gift annuity,

AND complete this form,

THEN a 10% matching donation (up to \$10,000 for planned gifts under \$1,000,000 and \$25,000 for planned gifts of \$1,000,000 or more) will be directed to your area of interest in your name.

*Challenge only applicable while matching funds are available.

STATEMENT OF INTENT for a Future (Estate) Gift

DONOR INFORMATION

Name(s) *(Please print)*

Birth Date

Name(s) *(Please print)*

Birth Date

Address

City, State, ZIP

Phone

E-mail

Confidentiality

It is my/our intent that this gift commitment remains confidential. *(Attach signed confidentiality request form.)*

TYPE OF GIFT

Bequest through (select one): Will Trust Trustee Name: _____

IRA or Retirement Plan (plan type and the company where the plan is held): _____

Other (type of gift and where the plan is held): _____

Charitable Trust (select one): unitrust annuity trust lead trust Trustee Name: _____

Charitable Gift Annuity (CGA) (select one): immediate deferred

For charitable trusts held by the Foundation and CGAs, the Foundation will contact you for additional information as required.

VALUE OF GIFT

_____% Percentage of my/our estate which is worth approximately \$_____ for NDSU.

Specific amount of \$ _____

Values for bequests, IRAs or retirement plans, and other estate gifts are subject to change. By stating an amount, your estate is not legally bound by this statement and you may choose to add, subtract, or revoke your bequest, IRA or retirement plan, and other estate gift at any time at your sole discretion.

My bequest to NDSU depends upon a contingency, such as the prior death of a spouse, partner, or child.
My spouse/partner has done the same. NDSU will receive our gift at the lifetime of the surviving spouse/partner.

SUPPORTING DOCUMENTATION

I/We have provided _____ I/We will provide to the Foundation a copy of that portion of my/our will(s) or other instrument, and any other supporting documentation that pertains to North Dakota State University.

I/We acknowledge the NDSU Foundation and its employees do not provide tax or legal advice and I/We have the appropriate information to consult with our legal and financial advisors.

PURPOSE OF FUTURE GIFT

This gift is to be unrestricted and may be used where the need is greatest at North Dakota State University.
I/We wish to specify that this gift be used for the following purpose(s): (please include fund numbers(s), if available)

I would like the *In Our Hands* Legacy Challenge matching funds to benefit: _____

Matching funds must be directed to an existing fund at the NDSU Foundation. Foundation staff can assist in identifying available funds.

DONOR(S) SIGNATURE(S) _____ Date _____

_____ Date _____



FOUNDATION

1241 University Drive N | P.O. Box 5144 | Fargo, ND 58105 | p: 701.231.6800 | f: 701.231.6801
toll free: 1.800.279.8971 | www.ndsufoundation.com

Thank you for your support of North Dakota State University!