



Heritage Society Club

*In recognition of my strong belief and confidence in the work of Mount Mercy University, I (we) confirm that I (we) have committed, or will commit, a **deferred gift** to Mount Mercy University. I understand that Mount Mercy University will respect the confidential nature of this information and will use it only for planning purposes. I further understand that in order for a deferred pledge to count toward the objectives of the university, Mount Mercy has established a policy, which states: "A commitment of revocable nature is quantifiable **when a copy** of the pertinent portion of the revocable document is made available to the foundation."*

Name(s)

Address

Email

City, State, Zip

(_____)_____
Telephone (home)

I. DESCRIBE YOUR PLANNED GIFT

I have made the following type of planned gift to Mount Mercy University
(please describe your gift in greater detail using the space below):

- _____ Bequest *(see section II for further documentation of bequests)*
 - _____ Charitable Gift Annuity *(minimum amount is \$10,000)*
 - _____ Charitable Remainder Trust
 - _____ Life Insurance Policy *(make the university owner and beneficiary; list insurance type and info. below)*
 - _____ IRA or Pension Accounts *(make gifts straight from your IRA or name us as beneficiary)*
 - _____ Life Estate *(gift your home or farmland and retain the right to use the property during your lifetime)*
 - _____ Outright Gift *(establish a minimum endowment of \$20,000 using cash, property, stock, or insurance)*
 - _____ Other *(use the portion below to describe your gift in greater detail)*
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II. ESTIMATED VALUE OF YOUR PLANNED GIFT

The estimated value of my Bequest or other Planned Gift is \$_____

*If a bequest; I estimate the value of my bequest to Mount Mercy University will be \$_____,
or _____% of my estate. It is my intent that by signing this document and estimating the amount of my
intended bequest, Mount Mercy University will count my bequest commitment as a pledge.*

III. INTENDED USE OF YOUR PLANNED GIFT

I would like my gift to be used as follows:

Unrestricted *(to be used by the Mount Mercy University in the area of greatest need)*

Restricted *(please identify how you wish your gift to be used)*

IV. RECOGNIZING YOUR GIFT

All donors who commit to making a deferred gift for Mount Mercy University are recognized through our Heritage Society Club.

Please make me a member of the Heritage Society Club at Mount Mercy University *(I understand that dollar values and other gift information will not be reported and I authorize the university to recognize my name (and/or my spouse's name) in the following manner. By signing, I agree that the university may share my/our names and the purpose of our gift with the appropriate officials for planning purposes only).*

(Please print your name(s) as you would like it to appear in our literature)

I/we wish to remain anonymous in all publication(s).

I/we are already members of the Heritage Society Club.

Donor Signature Birthdate (month/day/year) Date

Donor Signature Birthdate (month/day/year) Date

Duff Ridgeway Date
Vice President for Development
Mount Mercy University

Mount Mercy University will provide student-focused baccalaureate and graduate education in the spirit of the Sisters of Mercy.