



## Letter of Intent for Estate Gift

**Return this form, completed and signed to:**

Office of Planned Giving, Humphreys Building Suite 403, Warrensburg, MO 64093

Telephone: 660-534-4755 Fax: 660-543-4353

Email: [plannedgiving@ucmo.edu](mailto:plannedgiving@ucmo.edu)

On the web: [www.ucmo.edu/plannedgiving](http://www.ucmo.edu/plannedgiving)

Name \_\_\_\_\_

Class/School Affiliation \_\_\_\_\_

Date of Birth (for reunion/campaign gift recognition) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**I have made a provision to leave a legacy to the University of Central Missouri**

**through my (mark all that apply):**

\_\_\_\_\_ Will \_\_\_\_\_ Retirement Plan or IRA \_\_\_\_\_ Trust \_\_\_\_\_ Life Insurance Policy

\_\_\_\_\_ Other, please describe \_\_\_\_\_

Donor's estimated dollar value of gift \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_