

# Statement of Future Gift



Name(s): \_\_\_\_\_ Date(s) of birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## MY GIFT IS FOR:

- VCU Foundation
- MCV Foundation
- VCU School of Business Foundation
- VCU College of Engineering Foundation

## GIFT TYPE:

- Will or trust provision
- Retirement or investment account beneficiary provision
- Life insurance beneficiary provision
- Other: \_\_\_\_\_

## VCU WILL RECEIVE MY GIFT:

- Upon my death
- Upon the death of my surviving spouse/partner
- Other: \_\_\_\_\_

## I WOULD LIKE MY GIFT TO SUPPORT:

- Area of greatest need (unrestricted)
- The general purposes of college/school/unit: \_\_\_\_\_
- An existing fund: \_\_\_\_\_
- Please contact me to discuss how my gift could be used.

## MY GIFT IS WRITTEN AS:

- A specific dollar amount: \$ \_\_\_\_\_
- OR**
- A percentage of my estate/account: \_\_\_\_\_ percent.  
If based on a percentage, please estimate the current value of the gift to VCU: \$ \_\_\_\_\_

## ATTACHED IS:

- A copy of my will or trust provision pertaining to my bequest to VCU.
- A copy of my provision designating VCU as beneficiary of a percentage of an account or financial instrument.

**CHECK TYPE OF ACCOUNT:**  Retirement account  Investment account  Life insurance policy  Other: \_\_\_\_\_

- A copy of my designation of VCU as successor-in-interest of a percentage of my donor-advised fund.
- Other (provide details): \_\_\_\_\_
- I prefer not to share the document with that provision at this time.

## ADDITIONAL COMMENTS ABOUT MY GIFT

\_\_\_\_\_  
\_\_\_\_\_

## LEGACY SOCIETIES

Your gift entitles you to membership in a Legacy Society. The Heritage Society for the Monroe Park Campus, the MCV Society for the MCV Campus and the Lawrence Society for VCU Massey Cancer Center are legacy societies that recognize those who have made estate or planned gifts for the benefit of the colleges, schools, departments, units or centers on those campuses. Legacy Society members are invited to special events and programs and their names may be appear in electronic or print publications.

- My gift is joint with my spouse/partner. Please include us both as legacy society members.
- My gift is "anonymous." Please do not publish my name but do invite me to legacy society events and programs.

## SIGN AND DATE

Print name: \_\_\_\_\_ Spouse/partner name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN BY MAIL:**  
VCU Office of Planned Giving  
Box 842039  
Richmond, VA 23284

**RETURN BY EMAIL:**  
deppmana@vcu.edu

**FOR QUESTIONS AND MORE INFORMATION:**  
804-828-7370  
plannedgiving.vcu.edu

*VCU recognizes that this gift is subject to change depending on personal and economic circumstances. This form is not intended to be a legally binding pledge, and any information provided will remain confidential.*