

Statement of Future Gift

Name(s): _____ Date(s) of birth: _____

Phone: _____ Email: _____

GIFT TYPE:

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

MCV FOUNDATION 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 MCV Foundation: \$ _____

ATTACHED IS:

- A copy of my will or trust provision pertaining to my bequest to MCV Foundation.
- A copy of my provision designating MCV Foundation 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 MCV Foundation 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 MCV Society for the MCV Campus and the Lawrence Society for the VCU Massey Cancer Center are legacy societies that recognize those who have made estate or planned gifts for the benefit for 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 Please do not publish my name but do invite me to legacy society events and programs.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: _____

MCV Foundation 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.

RETURN BY MAIL:

Office of Gift Planning
 MCV Foundation
 Box 980234
 Richmond, VA 23298

RETURN BY EMAIL:

ann.deppman@vcuhealth.org

FOR QUESTIONS AND MORE INFORMATION:

(804) 828-4599
mcvfoundation.org/give/planned-giving