Planned Giving

☐ For recognition purposes, please list my/our name(s) as follows:



Declaration of Future Intent

louisiana.giftlegacy.com

Thank you for your intention to include University of Louisiana at Lafayette in your estate plan. In order to accurately document your intention, please complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

Planned gifts in support of the University of Louisiana at Lafayette should name the university's 501(c)3 non-profit organization as the beneficiary as follows: University of Louisiana at Lafayette Foundation (tax ID #72-6023836)

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☐ Gift Agreement - I/We have signed a Gift Agree this gift and have made no changes to the design		y of Louisiana at Lafayette Foundation for						
□ No Gift Agreement - Briefly describe allocation, designation , and how your gift should be used.								
Description and Value of Gift - Please indicate be intention will be fulfilled and provide the estimate	,							
Description	Amount or Percentage	Estimated Amount of Gift to University of Louisiana at Lafayette						
☐ Will or Trust with a sum of								
☐ Charitable Gift Annuity in the amount of								
☐ Charitable Remainder Trust in the amount of								
□ Remainder of Retirement Fund/IRA with a total current value of								
☐ Life Insurance Policy with a policy value at maturity of								
☐ Other item or Asset in the amount of Please describe (Private collections, real estate	e, securities, etc.)							
☐ Beneficiary - If University of Louisiana at Lafay	ette is only a conting	ent beneficiary, please explain conditions.						

Contact information			
Will or Trust - If your gift is inc Executors(s) or Trustee(s)	luded in a will or trust, _l	please provide the following:	
Name and Address		Phone and/or Email	
Beneficiary Designation - If yo Administrator or Company	our gift is directed by a	beneficiary designation, please	provide the following:
Name and Address		Phone and/or Email	
Other Information, Contacts	and Relationships You	Want Us To Know (family, atto	rney, atc.)
Name and Address		Phone and/or Email a	
	·	Iniversity of Louisiana at Lafaye	
Lafayette.	an upuate to a previou	sly recorded bequest intention t	o offiversity of Louisiana at
Signature	Date	Signature	Date
Print Name		Print Name	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Email and Phone Number		Email and Phone Number	
Development Representative		Associate Vice President o	f Development

*Please provide us with copies of any documents (or relevant pages) that include provisions for University of

Louisiana at Lafayette.

University of Louisiana at Lafayette Office of Development P.O. Box 43657, Lafayette, LA 70504 Phone: (337) 482-0922 • Fax: (337)482-0932 gift@louisiana.edu