



**STATEMENT OF ESTATE OR DEFERRED GIFT COMMITMENT**

As evidence of my/our desire to provide a legacy of support to the University of Vermont, I/we hereby inform the University of Vermont Foundation that I/we have made provisions for a gift to the University in my/our estate plans. I/we understand that this commitment can be modified by me/us at any time.

**Gift Type**

- Bequest through a will/trust
  - Percentage of estate \_\_\_\_\_ % or  Specific amount \$ \_\_\_\_\_
  - Other (please specify) \_\_\_\_\_
- Charitable Trust (select one) \_\_\_ Unitrust \_\_\_ Annuity Trust \_\_\_ Revocable Trust \_\_\_ Lead Trust  
(Additional documentation may be required; please contact the UVM Foundation for information.)
- Charitable Gift Annuity \_\_\_ Current \_\_\_ Deferred
- IRA or Retirement Plan \_\_\_ Primary \_\_\_ Contingent Beneficiary
- Other (please describe) \_\_\_\_\_
- I/We have provided or will provide the UVM Foundation a copy of that portion of my/our will(s) or other instrument(s) that pertain to the University of Vermont.

**Estimated Gift Value**

With the understanding that values are subject to change, I/we estimate the value of my/our gift to be approximately \$ \_\_\_\_\_ in today's dollars. I/we understand that, by stating the amount, my/our estate is not legally bound by this statement, and I/we may choose to change or revoke this bequest at any time, at my/our sole discretion.

**Gift Designation**

- This gift is unrestricted and may be used where the need is greatest at the University of Vermont.
- Please designate this gift for this specific purpose \_\_\_\_\_.
- This gift will create a new fund administered by the UVM Foundation.
- This gift should be considered confidential. My/Our signed Donor Confidentiality Request is attached.

**Contact Information**

Name _____	Spouse/Partner's Name _____
Class Year(s). _____ Birthdate _____	Class Yr(s). _____ Birthdate _____
E-mail _____	E-mail _____
Address _____	Address _____
City/State/ZIP _____	City/State/ZIP _____
Home Phone _____	Home Phone _____
Employer Name _____	Employer Name _____
Business Title _____	Business Title _____
Bus. Address _____	Bus. Address _____
Bus. Phone _____	Bus. Phone _____

The University may list my/our name(s) among those of other donors in recognition pieces.

If you do so, please list me/us as \_\_\_\_\_

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

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