

Planned Giving

DECLARATION OF INTENT

- New Intention
 Updated Intention

- Individual Donor
 Joint Donor with Spouse

Name: _____

Address: _____

Phone: _____

Email: _____

In appreciation of the University of Central Florida and with a commitment to contribute to its continued strength and success, I/we desire to provide a legacy of support and have executed the following provision in my/our estate.

A conservative estimate of the current value of my/our gift is \$ _____.

DESCRIPTION OF GIFT:

- Bequest in Will or Trust
 Life Insurance
 Retirement Assets
 Charitable Gift Annuity
- Charitable Lead Trust
 Charitable Remainder Trust
 Property (i.e., real estate, fine art)
 Other: _____

PURPOSE OF GIFT:

- Unrestricted to allow the university flexibility to direct funds to greatest needs.
 Restricted:
- College/area: _____
 - Program/project: _____
- Requires a gift agreement to establish directives for the disposition of funds.*

RECOGNITION OF GIFT:

Donors who provide a planned gift to benefit the University of Central Florida will be enrolled in the Charles Millican Legacy Society.

- Please list my/our name as: _____
- I/we prefer no public recognition.

The statements in this form are merely intentions and are made to assist the University of Central Florida in fulfilling and recognizing donor intent and projecting future financial support. The University understands the intention or size of my/our future gift may change, and I/we will inform the University of any material changes. I/we will provide a copy of the pertinent provision of the relevant document, and any details about my/our personal or financial information will remain confidential.

Donor signature _____ Date _____

Donor signature _____ Date _____

The University of Central Florida and its employees do not provide tax or legal advice. Donors should consult with their legal and financial advisors. All gifts to the UCF Foundation, Inc. are tax-deductible to the extent allowed by law. Please note donations should be made payable to: UCF Foundation, Inc.

Thank you for your support of the University of Central Florida.

For use by Advancement staff:

ID#: _____ Gift #: _____ Gift Name #: _____

Reviewed and approved by:

Office of Gift Planning: _____ Date: _____

Chief Development Officer: _____ Date: _____



UCF

UNIVERSITY OF
CENTRAL FLORIDA

PLEASE SEND
THIS FORM TO:

Office of Gift Planning
University of
Central Florida
Foundation, Inc.
Office of Advancement
12424 Research Parkway
Suite 250
Orlando, FL 32826

407.882.1220
plannedgiving@ucf.edu

