

# Charitable Plan Notification

509-335-7883 or 800-448-2978  
gproffice@wsu.edu  
foundation.wsu.edu/giftplanning

**My client prefers to remain anonymous, as follows:**

- I will provide client information solely for the purpose of internal staff use at the WSU Foundation; do not notify the benefiting area(s) and do not include client(s) name in lists of Legacy Associates (those who have included WSU in their estate plans).
- I will provide client information and you may share it with the benefiting area only; do not include client(s) name in lists of Legacy Associates (those who have included WSU in their estate plans).
- I will not provide client information.

**Please acknowledge my client as named below:**

Client Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Preferred Telephone Number(s) \_\_\_\_\_ Email \_\_\_\_\_  
 Relationship to WSU \_\_\_\_\_

- Yes, my client would like a call or visit from your staff to thank my client in person, discuss how they would like WSU to use their gift, to discuss naming opportunities, and to provide my client with information about the Legacy Associates program.

**My client has provided for Washington State University in the following manner:**

Estimated value of gift in today's dollars: \$ \_\_\_\_\_

Specific gift use (if any); e.g., university-wide scholarships or scholarships designated to a specific college, department or program; endowed faculty position; other \_\_\_\_\_

- With my client's permission, I have enclosed a copy of the portion of my client's estate planning documents that pertain to Washington State University.**

**ADVISORY INFORMATION** (PLEASE PRINT)

**BEQUEST (  WILL, OR  REVOCABLE LIVING TRUST )**

THE SUM OF \$ \_\_\_\_\_

**OR** \_\_\_\_\_ % OF MY TOTAL ESTATE FOR WSU

**OR** \_\_\_\_\_ % OF REMAINDER FOR WSU

CONTINGENT

ASSET(S) DESIGNATED TO FULFILL BEQUEST \_\_\_\_\_

**CHARITABLE TRUST**

\_\_\_\_\_ % OF REMAINDER FOR WSU

REVOCABLE       IRREVOCABLE

**BENEFICIARY DESIGNATION ON**

LIFE INSURANCE \_\_\_\_\_ %

IRA OR OTHER RETIREMENT PLAN ACCOUNT \_\_\_\_\_ %

COMMERCIAL ANNUITY \_\_\_\_\_ %

BROKERAGE OR BANK ACCOUNT \_\_\_\_\_ %

OTHER \_\_\_\_\_ %

**NON-QUALIFIED TRUST OR OTHER**

PLEASE SPECIFY \_\_\_\_\_

NAME \_\_\_\_\_

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

- Yes, I would like a call or visit from your staff to discuss how you may assist me and my clients in the future.

**PLEASE NOTE**

Completion of this form in no way obligates your client to make or retain a bequest to the WSU Foundation.

The information contained in this publication is not intended to be interpreted or relied upon as legal, tax, or financial advice. The WSU Foundation does not engage in the marketing of services pertaining to individualized advice about estate distribution documents. Before entering into a planned gift with any charity, the donor should seek professional legal, tax, and financial advice. This information cannot be relied upon as professional advice adequate in scope and content to avoid the imposition of penalties under the Internal Revenue Code. Information about the WSU Foundation and its management policies for all types of gifts can be found at [foundation.wsu.edu/about](http://foundation.wsu.edu/about).

The WSU Foundation is not authorized to offer Charitable Gift Annuities in all states. Attention California residents: Payments made under a Charitable Gift Annuity are subject to regulation by the California Insurance Department but are not insured or otherwise guaranteed by the California Life Insurance Guaranty Association.



WASHINGTON STATE  
UNIVERSITY  
FOUNDATION