

Legacy Associate Member Profile

...let us know your plans.

Gift Planning
at Washington State University

YOUR NAME _____
LAST FIRST MIDDLE BIRTH/MAIDEN NAME

DATE OF BIRTH ____/____/____

WSU CLASS YEAR _____ DEGREE/MAJOR _____

OTHER DEGREES AND/OR INSTITUTIONS ATTENDED _____

EMPLOYER _____ DATE RETIRED? _____

TITLE _____

PREFERRED PHONE (CIRCLE TO SPECIFY: HOME, CELL, OFFICE) _____

EMAIL _____

PRIMARY ADDRESS _____

SEASONAL ADDRESS _____

SEASONAL PHONE _____

YOUR SPOUSE/PARTNER

NAME _____
LAST FIRST MIDDLE BIRTH/MAIDEN NAME

DATE OF BIRTH ____/____/____

WSU CLASS YEAR _____ DEGREE/MAJOR _____

OTHER DEGREES AND/OR INSTITUTIONS ATTENDED _____

EMPLOYER _____ DATE RETIRED? _____

TITLE _____

PREFERRED PHONE (CIRCLE TO SPECIFY HOME, CELL, OFFICE) _____

EMAIL _____

CHILDREN	GENDER	BIRTHDATE	ATTENDED WSU? (YEAR, MAJOR)
_____	M / F	____/____/____	_____
_____	M / F	____/____/____	_____
_____	M / F	____/____/____	_____
_____	M / F	____/____/____	_____

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

PLEASE COMPLETE FORM
 AND MAIL TO:
 Gift Planning Office
 WSU Foundation
 PO Box 641925
 Pullman, WA 99164-1925

**ALL INFORMATION WILL
 BE KEPT CONFIDENTIAL.**

Your gift will support
Washington State University
students, faculty, staff, and
the critical research that
improves our state, nation,
and world. THANK YOU!



WASHINGTON STATE
 UNIVERSITY
 FOUNDATION

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YOUR PLANS

BEQUEST (WILL, OR REVOCABLE LIVING TRUST)

THE SUM OF \$ _____
OR % OF MY TOTAL ESTATE FOR WSU _____
OR % OF REMAINDER FOR WSU _____
 (AFTER GIFTS TO OTHERS) _____
 ESTIMATED VALUE OF MY GIFT TODAY \$ _____
 COLLEGE(S)/UNIT(S) _____

 LOCATION OF ORIGINAL SIGNED DOCUMENT _____
 NAME OF ATTORNEY _____

BENEFICIARY DESIGNATION ON RETIREMENT PLAN/IRA

% OF MY RETIREMENT PLAN/IRA FOR WSU _____
 ESTIMATED VALUE OF MY GIFT TODAY \$ _____
 COLLEGE(S)/UNIT(S) _____

 COMPANY NAME WHERE PLAN IS HELD _____

CHARITABLE TRUST

% OF REMAINDER FOR WSU _____
 ESTIMATED VALUE OF MY GIFT TODAY \$ _____
 COLLEGE(S)/UNIT(S) _____

 NAME OF TRUSTEE _____

INSURANCE

WHOLE LIFE TERM
 % OF MY POLICY VALUE FOR WSU _____
 ESTIMATED VALUE OF MY GIFT TODAY \$ _____
 COLLEGE(S)/UNIT(S) _____

 COMPANY NAME WHERE INSURANCE IS HELD _____

SPOUSE/PARTNER'S PLANS

BEQUEST (WILL, OR REVOCABLE LIVING TRUST)

THE SUM OF \$ _____
OR % OF MY TOTAL ESTATE FOR WSU _____
OR % OF REMAINDER FOR WSU _____
 (AFTER GIFTS TO OTHERS) _____
 ESTIMATED VALUE OF MY GIFT TODAY \$ _____
 COLLEGE(S)/UNIT(S) _____

 LOCATION OF ORIGINAL SIGNED DOCUMENT _____
 NAME OF ATTORNEY _____

BENEFICIARY DESIGNATION ON RETIREMENT PLAN/IRA

% OF MY RETIREMENT PLAN/IRA FOR WSU _____
 ESTIMATED VALUE OF MY GIFT TODAY \$ _____
 COLLEGE(S)/UNIT(S) _____

 COMPANY NAME WHERE PLAN IS HELD _____

CHARITABLE TRUST

% OF REMAINDER FOR WSU _____
 ESTIMATED VALUE OF MY GIFT TODAY \$ _____
 COLLEGE(S)/UNIT(S) _____

 NAME OF TRUSTEE _____

INSURANCE

WHOLE LIFE TERM
 % OF MY POLICY VALUE FOR WSU _____
 ESTIMATED VALUE OF MY GIFT TODAY \$ _____
 COLLEGE(S)/UNIT(S) _____

 COMPANY NAME WHERE INSURANCE IS HELD _____

Please complete all that apply to your plans and to your spouse/partner plans for the benefit of WSU.

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

I/We have enclosed a copy of document(s) detailing the gift(s) described above.

Yes No The WSU Foundation may print my/our name(s) in publications.

Signature _____ Date _____/_____/_____

Signature _____ Date _____/_____/_____

Why have you chosen to support WSU? _____
