

Winthrop University Foundation  
Planned Gift Acceptance Form  
INTERNAL USE ONLY



**DONOR INFORMATION**

Name \_\_\_\_\_ Class Year(s), if applicable \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Type:  Landline  Cell

**PLANNED GIFT VEHICLES** (Select the correct PG Type; if you are unsure, please read the definitions or ask the Associate VP of Institutional Advancement)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Bequest                        | <input type="checkbox"/> Bequest Expected | <input type="checkbox"/> Bequest Unexpected        | <input type="checkbox"/> Lead Unitrust |
| <input type="checkbox"/> Expectancy Balance             | <input type="checkbox"/> Living Trust     | <input type="checkbox"/> Remainder Unitrust (CRUT) |  |
| <input type="checkbox"/> Gift Annuity (CGA)             |   | <input type="checkbox"/> Retained Life Estate      |  |
| <input type="checkbox"/> Lead Annuity Trust             |   | <input type="checkbox"/> Other Planned Gift        |  |
| <input type="checkbox"/> Remainder Annuity Trust (CRAT) |   | <input type="checkbox"/> Life Insurance            |  |

**PLANNED GIFT DOCUMENTS**

The following documents have been provided to confirm this planned gift.

- Membership Invitation and Statement of Intent Form  
 Copy of donor's living trust  
 Copy of donor's \_\_\_\_\_  
 Other Documentation \_\_\_\_\_

**Approval**

This form must be completely in its entirety by the development officer or other staff member working with the donor. Once complete, please attach all documentation for review and approval.

Development Officer \_\_\_\_\_ Date \_\_\_\_\_  
VP/Assoc. VP of Ins. Adv. \_\_\_\_\_ Date \_\_\_\_\_

Gift Entry Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gift Records Administrator \_\_\_\_\_ Date Entered in RE \_\_\_\_\_