

CMNS BEQUEST LEGACY CHALLENGE

Gift Confirmation Form

NAME the University of Maryland College Park Foundation (UMCPF) as a beneficiary in your estate to support your department, AND complete this form, THEN a 10% matching gift (up to \$10,000) will be directed to your area of interest in your name, until matching funds are exhausted.

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Please include my spouse/partner: _____ Date of Birth: _____

I WOULD LIKE FOR MY PLANNED GIFT TO QUALIFY FOR THE CMNS BEQUEST LEGACY CHALLENGE!

And support the department of my choice: _____

1. I/We have included UMCPF as a beneficiary of my/our:

- Will/Living Trust Retirement Plan Life Insurance Policy
 Charitable Remainder Trust Charitable Gift Annuity Other _____

2. As of today's date, I/we estimate the current value of my/our future gift is \$ _____
(If your gift is a percentage of your estate, please estimate the approximate current value). I/We understand that by stating an amount, my/our estate is not legally bound by this statement and that we may choose to increase, decrease, or revoke this bequest at any time.

3. I want to designate my planned gift as:

- Unrestricted OR To support the following fund: _____
 I would like my planned gift to create an endowed fund. *Please include the account number if known*

An endowed fund requires a gift agreement and must meet the minimum gift amount.

4. I would like the CMNS Bequest Legacy Challenge matching funds to benefit: _____

Matching funds must be directed to a new or existing current use account in your department, aligned with your planned gift.

THE FOUNDERS LEGACY SOCIETY AND GIFT RECOGNITION

Donors who have made a commitment to support the university through their estate or financial plans or other planned gift are welcomed to the Founders Legacy Society. Please indicate if the following information should remain anonymous:

- Donor Name(s) Gift Amount

UMCPF is relying upon this planned gift to help advance the university's mission. Thank you for your future commitment!

Donor Name: _____ Date: _____

Donor Signature: _____

Second Donor Signature: _____
(Only required if planned gift is payable to UMCPF after the passing of both spouses.)

Donor Name(s) for Acknowledgment Purpose: _____