

# 2025 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.

*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.*

### 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: \_\_\_\_\_

