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Fax: 563-425-5774  
[www.uiu.edu/alumni](http://www.uiu.edu/alumni)

## Letter of Intent for Estate Gift

I/we desire to provide for the future well-being of Upper Iowa University through a provision in my/our estate plans, and with this letter I/we are informing Upper Iowa University of my/our plans. I/we understand that this future commitment can be revoked or modified by me/us at any time.

\_\_\_\_\_  
Donor Name 1

\_\_\_\_\_  
Donor Name 2

\_\_\_\_\_  
Address, City, State, ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail address

### I/we have made a provision to leave a legacy to UIU through my/our:

\_\_\_\_ Will                      \_\_\_\_ Retirement plan or IRA                      \_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Living trust                      \_\_\_\_ Life insurance policy                      \_\_\_\_\_

I/we wish to inform Upper Iowa University, for long-term planning purposes only, that the current value of my/our future gift is \$ \_\_\_\_\_. (This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value of the estate and the percentage to UIU.) I/we understand that by stating an amount my/our estate is not legally bound by this statement and that I/we may choose to add, subtract or revoke this bequest at any time, at my/our sole discretion.

### Gift Purpose (choose one)

#### Gifts of any value

- I/we wish my/our gift to benefit the \_\_\_\_\_ program or department at UIU (*gifts of any value*).
- I/we wish my/our gift to benefit the Upper Iowa University endowment.
- I/we would like to increase an endowed scholarship fund in honor of \_\_\_\_\_.

#### Gifts valued at \$25,000 and above

- I/we would like to establish or increase an endowed scholarship fund in honor of \_\_\_\_\_.

I/we would like to establish an endowed fund to benefit the \_\_\_\_\_ program or department at Upper Iowa University.

**Gift Recognition (choose one)**

\_\_\_\_\_ You may publish my/our names in your lists of UIU Heritage Society members as a motivation for others to leave a future gift to benefit UIU.

\_\_\_\_\_ I/we do not want my/our names published.

**Next of Kin**

Please continue communication with the individual(s) listed below after this gift is received by Upper Iowa University. (Such communication includes gift receipt if not drawn on a trust, gift recognition, endowment reports for donor endowed funds, etc). If additional space is needed, include on a separate sheet of paper.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to donor: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to donor: \_\_\_\_\_

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\_\_\_\_\_  
Donor Name 1 (print)                      Donor Name 2 (print)                      Date

\_\_\_\_\_  
Signature                                      Signature

\_\_\_\_\_  
UIU Representative (print)                      UIU Signature                      Date