



Iowa State University Foundation
2505 University Boulevard
P.O. Box 2230
Ames, Iowa 50010-2230

Phone: 515.294.4607
Toll-Free: 866.419.6768
Fax: 515.294.6521
www.withprideandpurpose.org

STATEMENT OF INTENT TO CONTRIBUTE

Name _____ Birthdate _____

Name _____ Birthdate _____

As an indication of my/our support of Iowa State University, I am/we are pleased to indicate that it is my/our intention to provide a gift as follows:

Description of Gift (type/value)

Bequest through will:

percentage of estate _____ specific amount \$ _____

other (please specify) _____

Charitable trust (select one) unitrust annuity trust revocable trust lead trust

Portion of IRA or retirement plan (please describe) _____

Other (please describe) _____

I/We have provided will provide to the ISU Foundation a copy of that portion of my/our will(s) or other instrument that pertains to Iowa State University.

With the understanding that values are subject to change, at this time I/we estimate the value of my/our gift to be approximately \$ _____ in today's dollars.

This is an update of a previously documented gift plan.

Purpose of Future Gift

This gift is to be unrestricted and may be used where the need is greatest at Iowa State University.

I/We wish to specify that this gift be used for the following purpose(s):

It is my/our intent that this gift commitment remain confidential. My/Our signed confidentiality request form is attached.

Note: It is mutually understood that this agreement does not constitute a binding contract.

Donor(s)/Signature(s) _____ Date _____

Foundation Staff Name (please print) _____ Date _____

The Iowa State University Foundation and its employees do not provide tax or legal advice.
Prospective donors should consult with their legal and financial advisors.



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DONOR CONFIDENTIALITY REQUEST

I/We, _____ have made a bequest commitment to the Iowa State University Foundation and hereby request that my/our identity not be disclosed by the foundation to the general public unless disclosure is required by law. I/We understand that the foundation generally wishes to encourage donors to allow their gifts to be publicized because publicity serves to encourage others to similarly support the foundation and Iowa State University, but that the foundation also recognizes and respects the desire of some donors not to have their identities disclosed to the public.

I/We understand that as a result of this request, the only information the foundation will make available for general public examination is the amount and purpose of my/our bequest commitment(s), and that unless otherwise required by law my/our identity and other personal information will not be disclosed.

I/We understand that I/we may withdraw this request at any time.

Duration of Request:

The foundation's policy is that donor confidentiality will be preserved until the donor's death. Unless you request otherwise, after your death the foundation will consider your name (but no other personal information) to be public information in connection with the gift(s) which are encompassed by this request. Please indicate below if you prefer instead that confidentiality be preserved after your death.

My/Our identity should be kept confidential after my/our death(s).

Donor Signature _____ Date _____

Donor Signature _____ Date _____