



THE UNIVERSITY of NORTH CAROLINA  
**GREENSBORO**

### Planned Gift Letter of Intent

Name(s) of Donor(s): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_ Class Year: \_\_\_\_\_

I (We) have included UNCG in my (our) estate plans through one or more of the following gift vehicles:

<u>Type of Gift</u>	<u>Current Estimated Value</u>
Percentage or residue of my estate	\$ _____
Specific Bequest in my Will	\$ _____
IRA Beneficiary Designation	\$ _____
Life Insurance Policy	\$ _____
Trust with UNCG as a beneficiary	\$ _____
Other Gift Plan (Describe) _____	\$ _____

#### **Purpose**

*(Please indicate the manner in which you wish your gift to be used).*

\_\_\_\_\_ Unrestricted, for the greatest needs of The University of North Carolina at Greensboro as determined by the Chancellor.

*OR*

\_\_\_\_\_ For the specific purpose of:

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

**Documentation**

To ensure that the university is able to fulfill your wishes and utilize your gift in the manner in which it is intended, it is helpful for the university to have in its confidential files a copy of your will, trust agreement, or other testamentary document, or the applicable excerpts therefrom, pertaining to your gift and intentions.

May we have permission to contact your attorney or professional adviser for additional information that may be needed to complete our records? \_\_\_\_\_ Yes \_\_\_\_\_ No

Attorney or Professional Adviser contact information:

Name(s): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Recognition**

Each person who donates a planned gift to the university is eligible for membership in **The Unbroken Band Society**. From time to time, The University of North Carolina at Greensboro will list in various publications donors who are members of The Unbroken Band Society. By so doing, other friends of the university are encouraged to consider making gifts to support the university. No information about your gift will be released without your prior approval.

May we have your permission to list your name among the members of The Unbroken Band Society? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Thank you for your support of **The University of North Carolina at Greensboro!***

**Signatures**

\_\_\_\_\_  
(Donor) Date: \_\_\_\_\_

\_\_\_\_\_  
(UNCG Development Officer) Date: \_\_\_\_\_

Please return this form to:

The University of North Carolina at Greensboro  
Office of Gift Planning  
P.O. Box 26170 ♦ Greensboro, NC 27402-6170  
Tel. 336.256.1277 ♦ Email: [giftplan@uncg.edu](mailto:giftplan@uncg.edu)  
Visit our website at <http://giftplanning.uncg.edu>.