FRONTIER NURSING UNIVERSITY®

2050 Lexington Rd.
Versailles, KY 40383

859-251-4700
frontier.edu

Planned and Estate Gift Documentation

Name: _____ Date of Birth: _____

Spouse Name: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Type of Gift:

❑ Gift by will or estate plan
- ❑ Outright bequest
- ❑ Residual bequest (____% of my estate)

❑ Retirement Plan Assets

❑ Charitable Remainder Trust
- ❑ Irrevocable
- ❑ Revocable

❑ Other: _____

Value (or estimated value) of bequest: $ _____

Designated Purpose:

❑ Unrestricted – dedicated to the University's top priority

❑ Restricted – to be used as follows
- ❑ Scholarships
- ❑ Faculty support
- ❑ Capital support
- ❑ Other: _____

Acknowledgement:

❑ I/We are happy to have our planned gift recognized publicly

❑ I/We would like our planned gift to be anonymous

Thank you so much for thoughtfully supporting Frontier Nursing University.

Documenting your bequest allows us to better steward your future gift and personally express our gratitude to you now. It solidifies a lifelong relationship with the University that will ultimately be made permanent by the legacy you leave.

Documentation Checklist:

Under the University's reporting standards, the following documentation is required for bequests to be included in fundraising totals. To that end, I am providing the following items:

❑ A copy of the portion of the will or trust document or beneficiary designation form referencing my/our planned gift to the University

❑ The document's signature page

❑ If the bequest is included as a part of me and my spouse/partner's estate plan and will not be realized until the death of the survivor, attached are copies of my spouse/partner's documents from the above list.

Donor Signature: Date:

Spouse Signature: Date:

Please return this form with documentation to:

Frontier Nursing University
Office of Advancement
2050 Versailles Road
Versailles, KY 40383

The University understands that this statement of bequest provision is neither a legal nor binding commitment, and that the amount listed above is an estimate. The donor(s) have the right to revise this gift at any time if circumstances change. As a courtesy, the University would appreciate notification in that event. As always, please consult your financial, tax, and/or legal advisers to determine the benefits of making a planned gift.

Frontier Nursing University is classified as a 501c3 organization by the IRS and all donations are tax deductible