

## Confidential Planned Giving Verification Form

Donor name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Spouse/partner name (if joint gift): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Donor address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Gift Information

I have made the following provision(s) for the Foundation Chapter of Theta Chi to be used to benefit:

- Outright bequest payable upon my death directly to the Foundation Chapter of Theta Chi
- Provision in will of surviving spouse/partner payable to the Foundation Chapter of Theta Chi.
- Beneficiary designee of a life insurance policy, IRA, pension plan, 401(k) or 403(b).
- Testamentary trust established at death naming the Foundation Chapter of Theta Chi as the beneficiary.
- Other: \_\_\_\_\_

*Please attach a copy of the relevant language from your estate documents or other documentation confirming the Foundation Chapter of Theta Chi has been designated as the beneficiary.*

The estimated current value of my future gift to the Foundation Chapter is \$ \_\_\_\_\_. However, it is understood that this document is not binding on my estate as future fluctuations/changes in the market/economy may have an impact on this value.

Please have Chief Development Officer, John Berghoff, or a Foundation Chapter Board Member contract me via phone, email, and/or mail.

- Phone
- Email
- Mail

### Donor Recognition Preferences

All donors of future gifts become members of the Theta Chi Legacy Society. To ensure your recognition preferences are honored, please select one of the below options:

Theta Chi has my permission to publish my/our name(s) along with other Legacy Society members in *The Rattle*. (No value will be printed or released without permission). Please publish my/our name(s) as follows:

\_\_\_\_\_

Please **do not** publish my/our name(s) in *The Rattle* or any other publications.

I would like to designate the following individual(s) as successor recipient(s) of any information relating to my gift:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relation: \_\_\_\_\_

**THANK YOU**

for supporting the  
the Foundation Chapter of  
Theta Chi!

Donor: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Donor: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form to the Foundation Chapter of Theta Chi | 865 W. Carmel Drive, Suite 110 Carmel, TN 46032 | Phone: (317)-848-1856*