



LEAVING A LEGACY

Thank you for including the University of St. Thomas in your estate plan. Our goal is to honor your legacy exactly as you desire. This form is designed to document your future gift and ensure that we have a clear understanding of your intentions. Please complete this form with as much detail as you are willing to share. This form does not create a legally binding obligation. Details about your gift, including dollar amount, will remain confidential.

Name _____

Birth Date _____

Name _____

Birth Date _____

- I am already a member of the Finn Legacy Society. This gift is:
- in addition to an existing planned gift.
 - an update to my existing planned gift.

PURPOSE OF FUTURE GIFT

It is my/our desire that this gift be used in the following manner:

- This gift is unrestricted and may be used where the need is greatest at the University of St. Thomas.
- I/We wish to specify that my/our gift be used for the following purpose(s):

DESCRIPTION AND VALUE OF GIFT

Please indicate below (by checking applicable options) how your future gift intention will be fulfilled, and provide the estimated value for the University of St. Thomas:

Description	Estimated Amount of Gift to the University of St. Thomas
<input type="checkbox"/> Will or Trust*	\$ _____
<input type="checkbox"/> Beneficiary of Retirement Account/Life Insurance*	\$ _____
<input type="checkbox"/> Charitable Gift Annuity	\$ _____
<input type="checkbox"/> Charitable Remainder Trust	\$ _____
<input type="checkbox"/> Donor-Advised Fund	\$ _____
<input type="checkbox"/> Other Item or Asset	\$ _____

Please describe (for example, private collections, real estate, securities, etc.):

***Contingent or Partial Heir/Beneficiary** - If the University of St. Thomas is a contingent or partial heir/beneficiary, please provide details/percentage.

DOCUMENTATION

Please provide copies of any documents, or the relevant pages, that include provisions for the University of St. Thomas.

CONTACT INFORMATION

**Will or Trust - If your gift is included in a will or trust, please provide the following:
Personal Representative(s)/Trustee(s)**

Name and Address

Phone and/or Email

Beneficiary Designation - If your gift is directed by a beneficiary designation, please provide the following:

Company Name and Address

Phone and/or Email

Account #/type

Other contacts with whom we can discuss your gift if necessary (family member, attorney, etc.):

Name and Address

Phone and/or Email

Financial Advisor: _____

Attorney: _____

Other: _____

Other: _____

THE FINN LEGACY SOCIETY

Congratulations, and welcome to the Finn Legacy Society! The Finn Legacy Society was established to recognize supporters who have thoughtfully and generously included gifts to the University of St. Thomas in their estate plans.

Your legacy will be an inspiration to others. St. Thomas lists the names of Finn Society members on a display in the Anderson Student Center, encouraging others to think about their own potential to create opportunities for future Tommies.

DONOR SIGNATURE _____

DATE _____

DONOR SIGNATURE _____

DATE _____

Please return this form to your St. Thomas development staff contact or:

- By email to: Jason Watt, Director of Planned Giving, at jason.watt@stthomas.edu.
- By mail to: University of St. Thomas, attn: Jason Watt, 2115 Summit Ave., Mail DEV, St. Paul MN 55105

Internal Use:	
Director of Planned Giving _____	Date _____ / Director of Gift Accounting _____ Date _____
Banner ID: _____	Banner ID: _____

DONOR CONFIDENTIALITY REQUEST (optional)

Our ability to recognize our donors not only expresses our gratitude, but also helps to elevate our overall public image and reputation. Moreover, it encourages other donors to support our students and campus. Thus, we recognize our Finn members publicly by name and not dollar amount to celebrate the spirit of their desire to support St. Thomas. We assume that all of our Finn members prefer to be recognized. However, if you desire to remain anonymous, please complete the details below.

I/We, _____, have made a planned gift commitment to the University of St. Thomas and hereby request that my/our identity not be disclosed by the university to the general public, unless disclosure is required by law. I/We understand that I/we may withdraw this request, and make my/our name(s) public, at any time by notifying the university.

DURATION OF REQUEST

The university's policy is that donor confidentiality will be preserved until the donor's death. Unless you request otherwise, after your death the university will consider your name (but no other personal information) to be public information in connection with the gift(s) that 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 _____

THANK YOU FOR CREATING A LEGACY WITH THE UNIVERSITY OF ST. THOMAS!