## **LEAVING A LEGACY**

Thank you for including the University of St. Thomas in your estate plan. 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. All details about your gift will remain confidential.

Name	Birth Date
Name	Birth Date
☐ This is my first estate gift to the University of St. Thom	as.
☐ I am already a member of the Finn Legacy Society. Th	uis gift is:
☐ in addition to an existing planned gift.	
$\square$ an update to my existing planned gift.	
PURPOSE OF FUTURE GIFT	
It is my/our desire that this gift be used in the following n	
☐ This gift is unrestricted and may be used where the n	
☐ I/We wish to specify that my/our gift be used for the f	ollowing purpose(s):
<b>DESCRIPTION AND VALUE OF GIFT</b> Please indicate below (by checking applicable options) hand provide the estimated value for the University of St. <b>Description</b>	
Sestription	to the University of St. Thomas
☐ Will or Trust*	\$
☐ Beneficiary of Retirement Account/Life Insurance*	\$
☐ Charitable Gift Annuity	\$
☐ Charitable Remainder Trust	\$
☐ Donor-Advised Fund	\$
□ <b>Other Item or Asset</b> Please describe (for example, private collections, real	\$estate, securities, etc.):
*Contingent or Partial Heir/Beneficiary - If the Univers please provide details/percentage.	ity of St. Thomas is a contingent or partial heir/beneficiary,



## WELCOME TO THE FINN LEGACY SOCIETY

Thank you for this transformational gift to the university! Members of the Finn Legacy Society leave a lasting and indelible mark on the university, demonstrating an unwavering commitment to the mission and vision of St. Thomas. 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 maintains an honor roll of the names of Finn Society members, encouraging others to consider their own potential to create opportunities for future Tommies.

DONOR SIGNATURE	DATE
DONOR SIGNATURE	DATE
DONOR CONFIDENTIALITY REQUEST (optional)	
University of St. Thomas and hereby request that my/or	, have made a planned gift commitment to the ur identity not be disclosed by the university to the general rstand that I/we may withdraw this request, and make my/our
☐ My/Our identity should be kept confidential after m	ny/our death(s).

## Please return this form to your St. Thomas University Advancement staff contact or the Office of Legacy and Estate Gifts.

Office of Legacy and Estate Gifts 2115 Summit Ave., Mail DEV St. Paul, MN 55105 Phone: 651-962-6943

Email: legacygiving@stthomas.edu Website: link.stthomas.edu/legacygiving



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

