



Foundation

Deferred Gift Commitment Form

Name _____ Date of Birth _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ E-mail _____

Name(s) listed for recognition _____ This gift is anonymous.

Please fill in all that apply:

Gift by Will/Trust

Irrevocable Revocable \$ _____ and/or _____ %

 Outright bequest \$ _____ and/or _____ %

 Contingent bequest \$ _____ and/or _____ %

 Residual bequest \$ _____ and/or _____ %

Gift by Retirement Account \$ _____ and/or _____ %

Gift by Charitable Trust \$ _____ and/or _____ %

Gift by Charitable Annuity \$ _____ and/or _____ %

Gift by Real Estate \$ _____ and/or _____ %

Gift by Life Insurance Policy \$ _____ and/or _____ %
 Owner/Beneficiary Beneficiary Only

Other (please describe) _____

If percentages are listed above, please estimate the value of your gift on today's date: \$ _____

Purpose for which gift is designated (fund number preferred):* _____

Total Pledged Amount: _____

**Please provide a copy of the relevant language from your estate plan that names IU Health Foundation, Inc. so that we have documentation about your gift in our records.*

You may recognize my Planned Gift Commitment in the following way (please check one):

_____ 1. Standard Recognition (This is the recognition option that most donors prefer.) Planned giving donors automatically become recognized members of the Indiana University Health Legacy Society in their community. Donors' names may be listed on an honor roll published semiannually or on our website, but the precise gift amount is not stated.

_____ 2. Anonymous. If you select this option, your name will never be listed on an honor roll except as "Anonymous." Most individuals who choose anonymity name their funds, facilities, or other naming opportunities with something other than their own names to protect their anonymity.

Donor(s) Signature & Date: _____