



NORTHERN ILLINOIS UNIVERSITY FOUNDATION

Charitable Bequest Intention

Please use this form to share your bequest intention to the Northern Illinois University Foundation(NIUF) for the benefit of NIU. This form is for informational purposes only. Your estate is not (and will not be) legally bound by submitting this form. Your intention remains revocable and can be modified at any time. This information will be held in strictest confidence.

Name(s) _____

Address _____

City _____ State _____ ZIP: _____

Phone _____ Email: _____

Bequest specifics

As evidence of my/our desire to provide a legacy of support for Northern Illinois University, I/we wish to inform the NIUF that it has been named in our estate plans.

As of this date, the approximate value of my/our gift is \$_____ (If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.)

Please check appropriate box: outright bequest contingent bequest

I/We designate this gift to be used for:

Unrestricted Support (where the need is greatest)

OR

The following college, department or program _____

Cornerstone Society

In recognition of your intention, it is our great pleasure to induct you as a member of the Northern Illinois University Foundation Cornerstone Society. This select group comprises those having made a thoughtful and generous planned gift to support NIU's mission.

Yes, you may publicize my/our name(s) as members of the Cornerstone Society at the recognition level corresponding with my/our estimated gift.

I/We prefer my/our intentions to remain anonymous and do not want to be enrolled in the Cornerstone Society.



NORTHERN ILLINOIS UNIVERSITY FOUNDATION

Bequest is in: Will Revocable Trust Other (please indicate)

Execution date of the will/trust _____

Attorney of Record _____

Address _____

City _____ State _____ ZIP: _____

Phone _____ Email: _____

Executor of estate _____

Address _____

City _____ State _____ ZIP: _____

Phone _____ Email: _____

Relationship to you _____

I have attached a photocopy of the relevant portion of my will or revocable trust.

Donor Signature Date _____

Donor Signature Date _____