



CORNERSTONE SOCIETY

GIFT INTENTION FORM

Your gift is an investment in the future of students and the NIU community. By sharing your gift information, NIU can plan more effectively in its long-term planning. In addition, this allows us to confirm the way in which you are recognized and allows us to confirm your goals for the gift. This form is for informational purposes only. Your estate is not (and will not be) legally bound. All information provided about your gift will remain strictly confidential.

Information about You:

Name of person(s) making the gift:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Please indicate preferred contact information:

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: Donor 1: \_\_\_\_\_ Donor 2: \_\_\_\_\_

Purpose of Gift:

\_\_\_\_\_ I would like the Foundation to use this gift in the way that has the greatest impact on students and the University's long-term goals.

\_\_\_\_\_ I have completed a gift agreement with the NIU Foundation that governs the use of these funds with a new endowment or named expendable.

\_\_\_\_\_ I would like the gift to be used for a specific purpose within an existing fund.

Form and Amount of Gift:

I have provided for the NIU Foundation in my estate plans in the following way:

	<u>Date:</u>	<u>Amount</u>
<input type="radio"/> Through a bequest in a will	_____	_____
<input type="radio"/> Through a testamentary provision in a trust	_____	_____
<input type="radio"/> As a beneficiary of an IRA, 401(k) or other Retirement plan	_____	_____
<input type="radio"/> As a beneficiary of a life insurance policy	_____	_____
<input type="radio"/> As a beneficiary of a charitable remainder trust	_____	_____

- As a beneficiary of a charitable lead trust \_\_\_\_\_
  - As a beneficiary of a transfer on death provision on  
a financial account \_\_\_\_\_
  - **Other (Please describe)** \_\_\_\_\_
- 

\_\_\_\_ I have attached a photocopy of the relevant portion of my will or revocable trust (Recommended).

In recognition of your intention, it is our pleasure to enroll you in the Northern Illinois University Foundation Cornerstone Society.

**How would you like your name(s) listed as members of The Cornerstone Society:**

\_\_\_\_\_

I would like to remain Anonymous.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_