



**DONOR INFORMATION**

Name(s) \_\_\_\_\_ Date of birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email(s) \_\_\_\_\_

**PLANNED GIFT INFORMATION**

Approximate value of provision \_\_\_\_\_

Type of gift  Will bequest  Retirement account  
 Charitable remainder trust  Life insurance  
 Revocable living trust  Other \_\_\_\_\_

Beneficiaries  Montana State University Foundation as the sole beneficiary  
 Montana State University Foundation and including other beneficiaries

If possible, please provide the language of your provision or attach a copy.

Designation and use

College \_\_\_\_\_ Department \_\_\_\_\_

I (we) intend for our gift to be directed to an endowment fund currently held at the MSU Alumni Foundation.

**SIGNATURE**

Signature \_\_\_\_\_ Signature 2 \_\_\_\_\_ Date \_\_\_\_\_

*We recognize that the values of deferred gifts as well as the provisions themselves may change over time. Your signature verifies only that the above information is accurate as of today's date and does not represent a binding commitment to the university. Should you ever update your gift plans, we suggest directing your gift to the Montana State University Alumni Foundation to ensure it is administered in the best manner possible.*

Mail form to: **Montana State University Alumni Foundation, P.O. Box 172750, Bozeman, MT 59717-2750**

**INTERNAL USE**

Fund # \_\_\_\_\_ Fund name \_\_\_\_\_  
Project # \_\_\_\_\_ Project name \_\_\_\_\_  
Liaison \_\_\_\_\_