



## Anchoring the Future

The Campaign for Delta Gamma

### Founders Legacy Society Gift Intention Form

Legacy gifts are part of a deeply rooted tradition at the Delta Gamma Foundation. Those who make them play a key role in securing Delta Gamma's future and are recognized as members of the Founders Legacy Society. These donors have remembered the Delta Gamma Foundation as a primary beneficiary of a will, trust, qualified retirement plan, donor advised fund or life insurance policy. Members receive invitations to special events and updates on Delta Gamma giving news.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate if you have:

- ☐ Included the Delta Gamma Foundation in your will or estate plan.
- ☐ Included the Delta Gamma Foundation as a primary beneficiary of (check all that apply):
  - ☐ IRA, 401(k) or other retirement account
  - ☐ Donor advised fund
  - ☐ Charitable gift arrangement such as a Charitable Lead Trust or Charitable Remainder Trust
  - ☐ Life insurance policy
  - ☐ Other (please specify): \_\_\_\_\_

Approximate amount of your gift based on today's value: \$ \_\_\_\_\_

- ☐ Please attach the page or specific section of your estate document that mentions the Delta Gamma Foundation as a named beneficiary.

Direct your gift:

I/We would like to direct my/our gift to the area below, per the Delta Gamma Foundation Gift Acceptance Policy:

- ☐ Loyalty Fund supporting our greatest needs
- ☐ Merit-Based Fellowships Fund
- ☐ Service for Sight Fund
- ☐ Training and Programming Fund
- ☐ Sisters Helping Sisters: Need-Based Scholarships Fund
- ☐ Leadership Training Center and Expanded Archives
- ☐ Merit-Based Scholarships Fund
- ☐ Other: \_\_\_\_\_

- ☐ I/We agree to allow the Foundation to publish my/our name(s) in various communications as follows:

\_\_\_\_\_

- ☐ I prefer not to have my name on donor lists.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Partner: \_\_\_\_\_ Date: \_\_\_\_\_

*For gifts of \$25,000 or more, a Gift Agreement may be presented.*

[deltagamma.myplannedgift.org](http://deltagamma.myplannedgift.org) • [plannedgiving@deltagamma.org](mailto:plannedgiving@deltagamma.org) • (614) 481-8169

**Please return completed form to:** Delta Gamma Foundation, 3250 Riverside Drive, Columbus, OH 43221

## THANK YOU!

