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
☐ Service for Sight Fund
☐ Service for Sight: Joining Forces Fund
☐ Sisters Helping Sisters: Need-Based Scholarships Fund
☐ Merit-Based Fellowships Fund
☐ Training and Programming Fund
☐ Leadership Training Center and Expanded Archives
☐ Other: ____________________________

☐ Merit-Based Scholarships Fund

☐ 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  •  plannedgiving@deltagamma.org  •  (614) 481-8169

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

THANK YOU!