

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.

Spouse/Partner:	Na	ime:		Date of Birth:	
Telephone: (home)	Spouse/Partner:			Date of Birth:	
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 Charitable gift arrangement such as a Life insurance policy Charitable Lead Trust or Charitable Remainder Trust 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 Merit-Based Fellowships Fund 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:	Ma	ailing Address:			
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 Charitable gift arrangement such as a Charitable Remainder Trust Charitable Lead Trust or Charitable Remainder Trust Charitable Lead Trust or Charitable Remainder Trust Charitable Lead Trust or Specific Section of your estate document that mentions the Delta Gamma Foundation as a named beneficiary. 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 Sisters Helping Sisters: Need-Based Scholarships Fund Merit-Based Scholarships Fund 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: Date:	Tel	Telephone: (home) (work)		(mobile)	
□ 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 □ Donor advised fund □ Approximate amount of your gift based on today's value: \$ Charitable Lead Trust or Charitable Remainder Trust □ Other (please specify): Charitable Specify □ 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 Delta Gamma Foundation to publish my/our name(s) in various communications as follows: □ I/We agree to allow the Foundation to publish my/our name(s) in various communications as follows:	En	nail:			
□ Included the Delta Gamma Foundation as a primary beneficiary of (check all that apply): □ IRA, 401(k) or other retirement account □ Charitable gift arrangement such as a Charitable Lead Trust or Charitable Remainder Trust □ Charitable Lead Trust or Charitable Remainder Trust □ Charitable Lead Trust or Charitable Remainder Trust □ 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 □ Sisters Helping Sisters: Need-Based Scholarships Fund □ Merit-Based Scholarships Fund □ 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: □	Ple	ease indicate if you have:			
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Charitable gift arrangement such as a Charitable Lead Trust or Charitable Remainder Trust Other (please specify):		Included the Delta Gamma Foundation as a primary beneficiary of (check all that apply):			
Charitable Lead Trust or Charitable Remainder Trust Other (please specify):		☐ IRA, 401(k) or other retirement account		Donor advised fund	
Approximate amount of your gift based on today's value: \$		 Charitable gift arrangement such as a Charitable Lead Trust or Charitable Remainder Trust 		Life insurance policy	
Approximate amount of your gift based on today's value: \$				Other (please specify):	
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 Sisters Helping Sisters: Need-Based Scholarships Fund Merit-Based Fellowships Fund Cheadership Training and Programming Fund Cheadership Training Center and Expanded Archives Cher: Hywe 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:	Ар				
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☐ I prefer not to have my name on donor lists. Signature:		Merit-Based Scholarships Fund			
Signature: Date:		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 of Spouse/Partner: Date:	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!

