The Esther W. Couper HERITAGE SOCIETY

Confidential Membership Information

The information you provide to the Foundation in this form will help the University in its long term strategic planning and will remain confidential unless you authorize the Foundation to publicize your gift. Publicizing your gift encourages others, by means of example, to make similar gifts. Thank you for your generosity.

Name(s)
Address

❑ I/we qualify for the ***Esther W. Couper Heritage Society*** through the following planned gift:

- ❑ **Bequest**
  - ❑ Specific bequest of a Dollar amount (amount) $_____
  - ❑ Percentage bequest (estimated dollar amount) $_____
  - ❑ Residuary bequest (estimated dollar amount) $_____
  - ❑ Other asset (describe asset and estimated value) $_____
- ❑ **Life Insurance** (amount) $_____
- ❑ **Charitable Gift Annuity $_____**
- ❑ **Retained Life Gifts of Real Estate** (estimated dollar amount) $_____
- ❑ **Charitable Remainder Trust** (estimated dollar amount) $_____
  - ❑ Annuity Trust ❑ Unitrust
- ❑ **Charitable Lead Trust** (estimated dollar amount) $_____
- ❑ **Retirement Fund designation** (estimated dollar amount) $_____

❑ The above future gift is a **contingent designation** at this time.

❑ I/we authorize the Binghamton University Foundation to use my/our name(s) on lists and in publications in recognition of my/our support of Binghamton University as a member of the **Esther W. Couper Heritage Society.**

❑ I/we prefer to remain an anonymous member(s) of the ***Esther W. Couper Heritage Society.***

If your gift to the Binghamton University Foundation is for other than the University's general purposes, please describe any restrictions on the back of this form. Attachments or letters that further describe the above provision(s) are welcomed. A copy of the section of your will, trust agreement or other document containing the provision(s) will be appreciated.

In the event of unforeseen circumstances, which require any further change in the above estate planning provision(s), I agree to notify the Binghamton University Foundation of such change.

_____ _____ _____
SIGNATURE DATE BIRTH DATE

_____ _____ _____
SIGNATURE DATE BIRTH DATE

Please return this form to: Binghamton University Foundation, Gift Planning Office
PO Box 6005, Binghamton, NY 13902-6005

04/08