



TRUMAN STATE UNIVERSITY FOUNDATION
Supporting Excellence

PLANNED GIFT INFORMATION

Name(s): _____

CONFIDENTIAL

We have provided a planned gift for the Truman State University Foundation through:

- Please check:**
- | | |
|--|---|
| <input type="checkbox"/> bequest | <input type="checkbox"/> life insurance |
| <input type="checkbox"/> trust arrangement | <input type="checkbox"/> retirement fund assets |
| <input type="checkbox"/> other | |

Please describe briefly: _____

We would like our planned gift used for the following purpose or purposes:

With the understanding that values are subject to change, at this time we expect the value of our future provision to be approximately \$ _____.

With regard to listings of the Joseph Baldwin Society or other donor listings in alumni publications, we prefer:

- Please check one:** to be included anonymous

Signed _____ Dated _____

Please return to: Truman State University
Office of Advancement
McClain Hall 205
100 East Normal
Kirksville, Missouri 63501

Thank You