

## Legacy Gift Intention Form

*(Please complete and return)*

If you have made a future gift arrangement to York University, thank you. We would like to record your intentions and recognize your generosity. Notifying us does not create any legal obligation on your part.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PART 1: Type of Legacy Gift

Yes, I confirm the following qualifying commitment:

- My Will contains a provision for York University.
- I have arranged a life insurance gift for York University.
- I have arranged another type of deferred gift which will benefit York University.

### PART 2: Recognition

Donors who have made a future planned gift to York University are recognized through the **White Rose Legacy Circle**. Your name, if you agree, will be included in publications and other public acknowledgements, including York University's Report to Donors. Details regarding the nature, amount and any use of your bequest will be kept strictly confidential.

I agree to include my name in donor listings as:

\_\_\_\_\_

*(Note: We do not use titles, honorifics or suffixes when listing names.)*

I wish to remain anonymous. Do not publish my name during my lifetime.

### PART 3: Legacy Gift Details (optional)

The following information will be kept completely confidential and will help ensure that your gift will be used as you intend.

- My bequest is in the amount of \$\_\_\_\_\_ or \_\_\_\_\_% of the residue of my estate.
- Life Insurance: Name of Insurance Co.: \_\_\_\_\_ Policy Face Value: \$\_\_\_\_\_
  - I have made York the owner & beneficiary of a life insurance policy.
  - I have made York the beneficiary only of a life insurance policy.
- RRSP, RRIF or pension plan: I am giving the amount of \$\_\_\_\_\_ or \_\_\_\_\_% of this plan.
- Other (please specify) \_\_\_\_\_

The intended use of this gift is:

- Area of greatest need
- Restricted for the following purpose(s) (e.g., scholarships, bursaries, library, etc.)

\_\_\_\_\_

Name of fund (if eligible): \_\_\_\_\_

### PART 4: Sign and Return

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

Please return this completed form to:

Marisa Barlas, Senior Development Officer, Gift Planning  
York University, West Office Building,  
4700 Keele Street, Toronto, ON M3J 1P3

Tel: (416) 650-8221  
Fax: (416) 650-8220  
Email: barlas@yorku.ca

York University respects the privacy of donors. The personal information that you provide to York University will be held in the strictest of confidence. Your information may be used to provide tax receipts, to contact you regarding your gift, and to keep you informed of other York University events and activities.