PERSONAL INFORMATION

Donor Name:_____ Date of Birth:_____/_____/_____

Joint Donor / Spouse Name:_____ Date of Birth:_____/_____/_____

Address:_____City:_____ State:____ Zip:_____

Phone:_____ ☐Mobile ☐Home ☐Business Email:_____

GIFT INFORMATION

☐Bequest (Will/Living Trust) ☐Retirement Account ☐Life Insurance Policy ☐Real Estate ☐Charitable Remainder Trust ☐Other

Does your gift benefit someone else (i.e. spouse or family member) before CSUSB? ☐Yes ☐No

DOB of Primary Beneficiary:_____/_____/_____ DOB of Secondary Beneficiary:_____/_____/_____

This gift is created as ☐Specific dollar amount ☐Specific asset ☐Percentage of estate ☐Remainder of estate

Please provide a good faith estimate of the current dollar value of this gift: $_____

Additional gift details:_____

GIFT PURPOSE, ADMINISTRATION, AND ACKNOWLEDGMENT

I / We would like this gift to be ☐Unrestricted (CSUSB's greatest need) ☐Endowment designated ☐Current use – designated

☐Used to create a new named and / or restricted fund (a fund with award criteria) ☐Applied to the following area(s):

_____

_____

If the gift is creating a new scholarship or fund, please briefly note the preferred criteria:_____

_____

_____

☐Donor(s) agree to provide CSUSB with a copy of the pages from their Will or Trust to confirm that the appropriate language has been inserted into the documents to facilitate the estate gift.

☐Donor(s) are aware that the gift will comply with current CSUSB policy and administrative guidelines and that the gift will be subject to CSUSB's administrative fee policies for gifts to the campus.

☐Donor(s) agree that gift should meet CSUSB policy on minimum funding levels at time of maturity. If funding levels do not meet endowment or named minimums, funds will be directed towards a designation that aligns with donor intent of gift.

☐This is my first time alerting CSUSB of my / our intentions. ☐This is an update to a previously recorded declaration.

☐I / We wish to remain anonymous; please do NOT publish my name publicly in relation to this gift.

California State University, San Bernardino recognizes that values of deferred gifts, as well as their provisions, may change over time. My signature below verifies that this information is accurate as of the date indicated, serves to document the details of this gift, and all parties agree that this document may be amended at any time.

Donor Signature:_____ Date:_____/_____/_____

Joint Donor / Spouse Signature:_____ Date:_____/_____/_____

WE DEFINE THE *Future*

CSUSB FOUNDATION
Building a Culture of Philanthropy