



PLEDGE FOR FUTURE SUPPORT

PERSONAL INFORMATION

Donor Name _____ Date of Birth ____ / ____ / ____
 Joint Donor / Spouse's Name _____ Date of Birth ____ / ____ / ____
 Address _____ City _____ State ____ Zip ____
 Telephone _____ Mobile Home Business Email _____

GIFT INFORMATION

Will / Living Trust Real Estate Retirement Account Life Insurance Policy Charitable Remainder Trust

Does your gift benefit someone else (i.e. spouse or family member) before UC Riverside? Yes No
 If so, does that person have a similar gift provision? Yes No Date of birth of survivor beneficiary ____ / ____ / ____

Additional gift details _____

This provision is stated as Specific dollar amount Specific Asset(s) Percentage of Estate Residue of Estate

Please provide a good faith estimate of the current dollar value of this provision \$ _____

GIFT DESIGNATION AND ACKNOWLEDGMENT

I / We would like this gift to be Unrestricted (used where the need is greatest) Applied to the following area(s):

I want this gift to set up a new named and/or restricted fund (a fund with award criteria)

This is my first time alerting the university of my/our intentions

This is an update to a previously recorded intention to the university

I / we wish to remain anonymous; please DO NOT list my name in contribution or university publications.

UC Riverside recognizes that values of deferred gifts as well as the provisions themselves may change over time. My signature below verifies that this information is accurate as of the date indicated and does not represent a binding commitment to the university.

Donor Signature _____ Date ____ / ____ / ____

Joint Donor / Spouse Signature _____ Date ____ / ____ / ____

For Gift Planning Use Only:

Amt: _____	Type: _____	Rlzd: Y N
Date: _____	Vhcl: _____	Asst Type: _____
Rcpt Amt: _____	Mat: _____	Desc: _____
Rmdr Val: _____ as of: _____	Stts: _____	Amt: _____
NPV: _____ as of: _____	Rvcble: Y N	Cst Bss: _____