

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 ____ / ____ / ____

