



**THE OSBORN FOUNDATION**

**Planned Giving Intention Form**

<b>Name:</b>
<b>Address:</b>
<b>City, State, Zip:</b>
<b>Phone:</b>

**Type of Planned Gift:**

- Refundable Entrance Fee
- Insurance Policy Proceeds
- Bequest
- Charitable Remainder Trust
- Retirement Assets
- Other: \_\_\_\_\_

**Description:**

Please describe the gift and approximate value: \_\_\_\_\_

\_\_\_\_\_

Please also attach a copy of the page in your will or other records of your planned gift to The Osborn Foundation, when possible.

**Purpose:**

- Unrestricted
- Charity Care
- Campus Beautification
- Other \_\_\_\_\_

Donors who make a planned gift will be recognized as members of the Miriam Osborn Legacy Society. Please indicate how you would like your name to appear:

\_\_\_\_\_

I/We understand the Planned Gift Intention Form is not legal or binding. If our planned gift intention should change, we will notify The Osborn Foundation. The Foundation acknowledges that the future value of the gift may be significantly different than the current value.

Signed: \_\_\_\_\_

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