

Planned Gift Information

CONFIDENTIAL

Donor Name _____

Address/City/State/Zip _____ Phone: _____

Design of Gift (bequest, trust, etc.): _____

Terms of Gift (any restrictions, etc.): _____

Estimated Value: _____

Other Comments: _____

Donor Signature: _____ Date: _____

Do you wish to remain anonymous in our Donor listings? Yes No

A copy of the portion of your will, trust, or other gift planning document mentioning Kappa Alpha Theta Foundation is appreciated, but not required. It is helpful to know of donor intentions so that we can best carry out your wishes. However, you are under no obligation to share this information with us. You may return this form to **KAΘ Foundation, 8740 Founders Road, Indianapolis, IN 46268. Attention: Kelley G. Hurst, Theta Foundation Executive Director.** Your information will be kept confidential.

FOR OFFICE USE ONLY:

Date Received: _____

Member Number: _____

Initiation Year: _____

LLS Recognition: _____