



# FRONTIER NURSING UNIVERSITY®

## *Answer the call.*

### Planned Giving Documentation

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I/We are happy to inform you of a deferred gift to benefit Frontier Nursing University.

Type of Gift	Value/Amount
<input type="checkbox"/> Gift by Will	
- Outright Bequest	\$ _____
- Residual bequest (____ % of my estate)	\$ _____
<input type="checkbox"/> Retirement Plan Assets	\$ _____
<input type="checkbox"/> Charitable Remainder Trust*	
<input type="checkbox"/> Irrevocable	\$ _____
<input type="checkbox"/> Revocable	\$ _____
<input type="checkbox"/> Other: _____	\$ _____

*\*Remainder to FNU is either irrevocable, meaning it is vested and cannot be revoked; or it is revocable, meaning you've retained the right to amend or change the University's interest.*

#### Designated Purpose:

- Unrestricted - University's top priorities
- Restricted - To be used as follows
  - Versailles Campus, Capital Campaign
  - Endowed Scholarship
  - Other: \_\_\_\_\_

**Acknowledgment:**

- I/We are happy to have our planned gift recognized publicly
- I/We would like our planned gift to be anonymous

*The University understands that this statement of bequest provision is not a legal or binding commitment, and that the amount listed above is an estimate. You have the right to revise this gift at any time if circumstances change. As a courtesy, the University would appreciate notification in that event. Based on the information provided, your gift will be recognized but the details of this form will remain confidential. As always, please consult your financial, tax, and/or legal advisers to determine the benefits of making a planned gift.*

*Documenting your bequest allows us to better steward your future gift and personally express our gratitude to you now. It solidifies a lifelong relationship with the University that will ultimately be made permanent by the legacy you leave.*

**Documentation Checklist**

Under the University’s reporting standards, the following documentation is required for bequests to be included in fundraising totals. To that end, I am providing the following items:

- A copy of the portion of the will or trust document or beneficiary designation form referencing my/our planned gift to the University
- The document’s signature page
- A page indicating the date of the document
- If the bequest is included as a part of my and my spouse/partner’s estate plan and will not be realized until the death of the survivor, attached are copies of my spouse/partner’s documents from the above list.

**Donor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form with any related documentation to:**

Frontier Nursing University  
Office of Advancement  
2050 Versailles Road  
Versailles, KY 40383

**Thank you for thoughtfully supporting Frontier Nursing University.**