



Planned Giving Statement of Future Gift

Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

As evidence of my/our desire to provide a legacy of support to **Oral Roberts University**, I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans. I/We understand that this commitment is revocable and can be modified by me/us at any time.

It is my/our intent to leave a legacy gift to Oral Roberts University through my/our:

- Will Living Trust Retirement Plan Assets Charitable Remainder Trust
 Life Insurance Policy Other _____

My/Our gift is to be used (Pick one): Where needed most or Where designated

Designation(s): _____

I/We wish to inform you—for long-term purposes only—that as of this date, the value of my/our gift is \$_____. (If your gift is a percentage of your estate, please indicate the approximate value of that percentage.)

I/We understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add to, subtract from, or revoke this bequest at any time, at my/our sole discretion. (Oral Roberts University kindly requests notification anytime you make changes or adjustments to your gift.)

Donor Signature _____ Date _____

Donor Signature _____ Date _____

ORU Representative _____ Date _____

Title of Representative _____ Date _____