



# Office of Institutional Advancement Record of Deferred Gift Intention

*This Record of Deferred Gift Intention is to be used for record keeping purposes only. Information contained in this document will remain confidential. The completed form is required for membership into the Powell Society.*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Class Year: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Virginia State University (VSU) is named as a beneficiary:

In my will, which stipulates that:

A. \_\_\_\_\_ % of my estate will be distributed to VSU upon my death, *or*

B. \$\_\_\_\_\_ from my estate will be distributed to VSU upon my death

Insurance Policy

Retirement Assets

Estimated current value of intended distribution to Virginia State University \$ \_\_\_\_\_

I prefer not to disclose any further information regarding value.

If this gift is for something other than unrestricted purposes, please indicate the designation of your gift:

\_\_\_\_\_  
\_\_\_\_\_

Your name will be listed in written publications as a member of *The Powell Society*. No further information or amounts will be disclosed. If you prefer to remain anonymous, please notify the Office of Institutional Advancement.

You will be listed as follows: \_\_\_\_\_

If my bequest or beneficiary provision to Virginia State University should change, I will notify a representative of the Office of Institutional Advancement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form so that your gift intention and wishes may be fully honored.**

Institutional Advancement ♦ Virginia State University ♦ P.O. Box 9027 ♦ VSU, VA 23806 ♦ (804) 524-5045 ♦ giving@vsu.edu