



**NORTH CAROLINA A&T STATE UNIVERSITY  
PLANNED GIFT - LETTER OF INTENT**

This documentation will provide a basis for recognition given to you for your gift through membership in the Charles H. Moore Legacy Society, recognizing those who contribute documented planned gifts to North Carolina A&T State University to ensure its future. Please complete and return to: *North Carolina Agricultural and Technical State University, Office of Gift Planning, 1601 E. Market St., Ste. 400, Greensboro, North Carolina 27411.*

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Professional advisors (*Attorney, CPA, Trust Officer*): \_\_\_\_\_

**TYPE OF PROVISION**

I have made provisions for NC A&T State University in my estate planning through one or more of the following gift vehicles:

- a. Percentage or residue of estate; estimate of present value \$ \_\_\_\_\_
- b. Outright bequest in my will \$ \_\_\_\_\_
- c. Outright bequest in my spouse's will \$ \_\_\_\_\_
- d. Bequest in my will if my spouse or other heir predeceases me \$ \_\_\_\_\_
- e. Bequest in my spouse's will if I predecease my spouse \$ \_\_\_\_\_
- f. Life insurance policy (whole life, universal life where NC A&T is owner and irrevocable beneficiary) \$ \_\_\_\_\_
- g. Retirement fund assets \$ \_\_\_\_\_
- h. Revocable  Irrevocable
- i. Trust arrangement with NC A&T as final beneficiary \$ \_\_\_\_\_  
*(Please include ages and gender of any other beneficiaries or describe other conditions.)*

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



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**PURPOSE**

*(Please indicate how you would like your gift to be used.)*

\$ \_\_\_\_\_ or \_\_\_\_\_% unrestricted for the greatest needs of NC A&T State University, as determined by the Chancellor.

\$ \_\_\_\_\_ or \_\_\_\_\_% for the specific purposes of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTATION**

It is helpful for the university to have in its confidential files a copy of your will, trust agreement or other document, or the applicable excerpts therefrom, pertaining to your provision.

May we have permission to contact your attorney or trustee for additional information that may be needed for our records? \_\_\_\_\_ Yes \_\_\_\_\_ No

I will notify NC A&T State University if I choose to modify the intent of this bequest.

**RECOGNITION**

**No information about your gift will be released without your prior approval.** From time to time, NC A&T State University will list donors who are members of the Charles H. Moore Legacy Society in various publications. By so doing, others are encouraged to think about the possibilities in their circumstances to make provisions for the university in their estate.

May we have your permission to list your name in our list of Charles H. Moore Legacy Society members? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SIGNATURES**

\_\_\_\_\_ Date \_\_\_\_\_  
Donor

**Thank you in advance for your thoughtful gift to North Carolina A&T State University!**

\_\_\_\_\_ Date \_\_\_\_\_  
Major Gift Officer

\_\_\_\_\_ Date \_\_\_\_\_  
Assistant Vice Chancellor of Advancement Services