

THE HERITAGE SOCIETY
Declaration of Charitable Intent

Name(s): _____

Address: _____

Home Phone/Cell Phone: _____

Email Address: _____

Birthdate(s): _____

Cal State LA Degree(s)/Year(s): _____

CHARITABLE GIFT INTENTION

I/we desire to make the following gift provision for the benefit of California State University, Los Angeles. **The estimated value of this gift as of today's date is \$_____.** However, by stating an amount, I/we understand that my/our estate is not legally bound by this statement and can revoke or modify it at any time as this document is not considered a pledge of support (but requested for strategic planning and projection purposes). I/we will make every effort to contact Cal State LA in writing should I make such revocation or modification of the gift intention indicated below.

- Please use this gift for the University's highest priority need.
- Please direct this gift to the following campus college or program: _____
- Please direct this gift to create an endowment (\$25,000 minimum gift required).

- Cal State LA is named as a revocable beneficiary (gift recipient) in my:

<input type="checkbox"/> Will	<input type="checkbox"/> Living Trust	<input type="checkbox"/> IRA or Retirement Plan
<input type="checkbox"/> Life Insurance Policy	<input type="checkbox"/> Bank Account	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Appreciated Assets (jewelry, stock, etc.)		

- Cal State LA will receive a gift from my estate through my:

<input type="checkbox"/> Charitable Remainder Trust
<input type="checkbox"/> Charitable Lead Trust
<input type="checkbox"/> Other: _____

RECOGNITION

Unless you indicate below, all charitable gift intentions will be honored with recognition by indicating that you are a member of The Heritage Society of Cal State LA (in Cal State LA listings and publications) **without gift amount**. In addition, you will be invited to a recognition event and may receive invitations to selected special events.

- I/we would like this gift to remain anonymous and confidential.

Signature

Date

Signature

Date

Please return this form to The Office of Planned Giving at Cal State LA by mail, fax or email. Thank you for your support.

Office of Planned Giving
5151 State University Drive
Administration 809
Los Angeles, CA 90032-8502
www.plannedgiving.calstatela.edu

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