

## **NOTIFICATION OF ESTATE GIFT INTENTION**

It is my/our desire to inform The Upstate Foundation, Inc. that a provision in my/our estate and/or financial plans has been made for the future benefit of Upstate.

| Name   |  | Date                         | of Birth |
|--|--|------------------------------|----------|
| Spouse name (if applicable)Dat   |  | of Birth                     |          |
| Address  |  |                              |          |
| Type of gift   |  |                              |          |
| ☐ Will/Living trust  | ☐ Retirement plan beneficiary*   | ☐ Life Insurance beneficiary | *        |
| ☐ Financial account*   | ☐ Charitable trust   |                              |          |
| *Name of company/Fi  | nancial institution/IRA custodian  |                              |          |
| Gift options   |  |                              |          |
| Please select your gift  | option for The Upstate Foundation  | n, Inc.                      |          |
| ☐ Percentage of estate ☐ Specific dollar amount ☐ Specific asset(s) property |  |                              |          |
| As of today's date, I/w  | e estimate the value of this gift to   | be                           |          |
| Purpose of gift  |  |                              |          |
| ☐ This is an unrestricte   | ed gift.   |                              |          |
| ☐ This gift is to be use   | ed for the following purpose (list f   | und/endowment name):         |          |
| Please recognize my/o  | our Legacy Society status: 🖵 Effec   | tive this year 📮 In Memoriam |          |
| How you want your na   | ame(s) to appear in Upstate Found  | dation publications:         |          |
|  | I gifts as well as the provision ther<br>formation is accurate as of this da<br>ation. | •                            | •        |
| Signature  |  |                              | Date     |
| Signature  |  |                              | Date     |
|  | Thank you for your g   | enerous and vital support!   |          |
| Development Officer S  | Signature  |                              | _ Date   |