



It is my/our intention to provide a legacy of support to Governors State University through the Governors State University Foundation. I understand that this gift is revocable and can be modified at any time by me/us.

First Name **Last Name**

Address

City/State/Zip Code

GovState Class Year (if applicable) **Phone** **Email**

Tell us about your gift I/we have provided my/our gift in my/our

Will
 Retirement Plan (Beneficiary)
 Charitable Trust
 Life Insurance (Beneficiary)

Other Percentage %

Governors State University Foundation: EIN: 23-7039376

Designation of commitment

Unrestricted (to be used where most needed)
 Restricted to

Executor, Next of Kin, or Personal Representative:

Phone Email

All planned giving donors qualify for public recognition, allowing the Foundation to express thanks for your intended gift and to serve as encouragement to others. The intended gift amount will *NOT* be listed publicly.

Please Select One:

Yes, please include me in public recognition. My/our name(s) should be listed as follows:

No, please do not publicly recognize me/us.

Signature _____ Date _____

Signature _____ Date _____

Please return this completed form to Governors State University Foundation,
1 University Parkway, University Park, Illinois, 60484