



PLANNED GIFT INFORMATION FORM
CONFIDENTIAL AND NON-BINDING

Name	Date of Birth	School/Year (if applicable)
Street Address, City, State, Zip Code		
Telephone	Email Address	
Spouse's Name (if applicable)	Spouse's Date of Birth	

I/We desire to support WBUR and would like to share that I/we have made a provision for Boston University, for benefit of WBUR, in my/our estate plans as follows:

_____ Will	_____ Charitable Trust
_____ Trust	_____ Life Insurance Policy
_____ IRA or Retirement Account	_____ Other (please specify):
_____ Donor-Advised Fund	_____

Gift Amount: \$ _____

For provisions reflected as percentages and remainders, please provide a good-faith estimate of the current gift value (at the time of this declaration)

Gift Designation: _____

- Yes, please welcome me/us into WBUR's Legacy Society and include me/us in member lists
- Yes, please welcome me/us into WBUR's Legacy Society, but I/we prefer to remain anonymous
- No, please do not welcome me/us into WBUR's Legacy Society

Any additional information you would like to share with us (contingency provisions related to the gift, contact information of your estate planning advisor, etc.):

_____ Signature	_____ Date	_____ Signature	_____ Date
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Thank you for your support. We recognize that your circumstances and the estimated gift values you provide can change over time and we appreciate details of your arrangements to help us insure that your wishes are followed. We would welcome for our confidential records a copy of the section of your will, trust agreement, or other documents pertaining to WBUR/Boston University. Having this information on file will help us to fulfill your philanthropic wishes.

WBUR | Planned Giving
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