Stark State COLLEGE FOUNDATION

Statement of Future Gifts

This Statement of Future Gifts is an expression of my/our present plans, is subject to revocation or modification by me/us and is not legally binding on me/us or my/our estate.

Donor Name	Date of Birth	Cell number
Spouse/Partner Name (If Joint Gift)	Date of Birth	Cell number

Address	City	State	Zip	Primary email Address

Gift Information:

I have made a provision to benefit the Stark State College Foundation as follows:

☐ Outright bequest payable upon my death directly to the Stark State College Foundation.
☐ Provision in will/trust of surviving spouse/partner payable to the Stark State College Foundation.
☐ Beneficiary designee of a life insurance policy, IRA, pension plan, 401(k), or 403(b).
☐ Testamentary trust established at death, naming the Stark State College Foundation as the beneficiary.
☐ Other: _____

Please attach a copy of the relevant language from your estate documents or other documentation confirming the Stark State College Foundation has been designated as a beneficiary.

The estimated current value of my future gift to the Foundation is $ _____.
However, it is understood that future fluctuations/changes in the market/economy may have an impact on this value.

Please direct the proceeds from my future gift as follows:

☐ Unrestricted gift to the Stark State College Foundation.
☐ To benefit an existing fund. Fund Name: _____
☐ To create a new fund. *(Please contact the Advancement Office at: (330) 494-6170 ext 4415 to confirm that your gift meets minimum endowment requirements and to create an endowment agreement, which outlines criteria for use of the gift.)*

Donor Recognition:

To ensure your recognition preferences are honored, please select one of the options below:

☐ The College has my/our permission to publish my/our name(s) in Stark State College/Stark State College Foundation publications as appropriate. The use of names is often motivating and encouraging of others. *(No fund values will be published.)*
☐ Please do not publish my/our name(s) in Stark State College/Stark State College Foundation or any other publications.

Successor Recipients (please designate the following individual(s) or firm information relating to my/our gift)**:**

Name/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Gift Officer: _____ Date: _____

Please return to the Stark State College Foundation, 6200 Frank Ave NW, North Canton, OH 44720 or foundation@starkstate.edu