



## The University of Miami Heritage Society Statement of Support Form

As an indication of my/our support for the University of Miami, I/we are pleased to report that I/we have made a gift or estate provision for the benefit of UM.

- |                                                                      |                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Will - outright bequest                     | <input type="checkbox"/> Charitable Gift Annuity    |
| <input type="checkbox"/> Bequest in the Will of the surviving spouse | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Testamentary Trust                          | <input type="checkbox"/> Charitable Lead Trust      |
| <input type="checkbox"/> Life Insurance                              | <input type="checkbox"/> Other _____                |

General description of gift provision (exact percentage, value, type)

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It is understood that values are subject to change, but I expect the present value of my/our provision to be approximately \$\_\_\_\_\_.

I wish my future gift to be used for:

- The area of greatest opportunity
  - Other (please specify academic discipline and/or program for scholarships, fellowships, research, faculty/staff support, etc.)
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It is understood that these statements and intentions are made to assist the University of Miami in projecting future financial support and gift expectancies. THIS IS NOT A BINDING LEGAL OBLIGATION UPON THE DONOR OR HIS OR HER ESTATE AS TO THE VALUE OR RECEIPT OF THE PROVISION(S) HEREIN REVEALED AND DESCRIBED.

- My employer may provide a matching contribution. Name of employer: \_\_\_\_\_

**Acknowledgement of Gift: Please mark one.**

- I would like this gift to remain anonymous.
- I would like the amount of my gift to be confidential, but authorize acknowledgement as below.
- I authorize release of this gift for acknowledgement for internal or external media sources.

Name should appear as: \_\_\_\_\_

Signature of Donor(s): \_\_\_\_\_

Date: \_\_\_\_\_

Our birth dates are: \_\_\_\_\_

Other comments: \_\_\_\_\_

Office of Estate & Gift Planning  
PO Box 248073  
Coral Gables, FL 33124-1210  
cbeamish@miami.edu