



Planned Gift Intention Form

Thank you for your support of the University of Hawai'i!
We are deeply grateful for your generosity.

The information requested will help us to better understand and execute your wishes.

Name(s): _____

Address: _____

Phone: (_____) _____ Email: _____

I/We have named the University of Hawai'i Foundation as a Beneficiary: *Select all that apply*

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

My/Our Gift is: *Select one*

- A Percentage (_____ %) of my/our estate approximately valued at \$ _____.
- Stated amount of \$ _____.

My/Our Gift Designation:

- Priority Giving**, unrestricted support to the greatest need of the University.
Mahalo! Unrestricted general giving allows the University to address our community's most urgent needs.
 - 100% to Priority Giving**
 - _____ % to **Priority Giving**, the balance as indicated in Specific Intent.
- Specific Intent**, to be used towards the following:
 - _____ % to **Specific Intent**, as indicated below.

Campus: _____ Program: _____

Other Instructions: _____

I/We understand with a specific intent gift, the requested use of my gift is subject to the eventual approval by the University.



UNIVERSITY
of HAWAII®
FOUNDATION

Planned Gift Intention Form *cont.*

I / We understand this form is not a legal or binding commitment.

All information will be held in strict confidence. UHF understands that the size and profile of my/our future gift may ultimately be different than stated on this document.

Donor's Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Joint Donor's Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Note: *All gifts to the University of Hawai'i are accepted and administered by the University of Hawai'i Foundation, a private, institutionally related corporation designated as a 501(c)(3) organization by the Internal Revenue Service.*

For questions or to return completed forms:

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