

We recognize and honor donors who have confirmed testamentary gifts with the Bemidji State University Foundation for the benefit of the University.

Name	Date of Birth	Nam	e Date	of Birth
Address		City/State/Zip		
Home Pho	ne	Cell Phone	E-mail Address	
Yes, it is my/our intent to leave a legacy by naming the Bemidji State University Foundation as a primary beneficiary				

through my/our:

- o Will
- Living Trust
- Life Insurance Beneficiary*
- o Retirement Plan i.e. IRA, 401(k)

- Charitable Remainder Trust*
- Real Estate
- o Other _____
- I/we wish to inform the Bemidji State University Foundation, that as of this date, the current value of my/our estate gift is: \$______.** However, I/we may choose to modify or revoke this provision at any time. I/we will notify the Bemidji State University Foundation if provisions are changed. (If your gift is a percentage of your estate, please indicate the present value of that percentage.)

We would like our gift to be used:

• Where the need is greatest

As a gift to benefit the following college, unit or program: ______

To the following established fund: ______

The Bemidji State University Foundation appreciates the opportunity to recognize your testamentary gift and honor your philanthropy in donor recognition listings. Please indicate here if you choose to opt out of such listings. \Box

Signature

Signature

Date

*If your beneficiary designation is irrevocable, please enclose a copy of the document and a statement from the financial institution **We hope you will share the approximate amount of your gift with us so the benefitting college or program will know of your generosity and we can recognize you appropriately. It is also helpful for us to have supporting documentation on file. Please attach if possible. The details of your testamentary gift remain confidential.

Date



Return to: BSU Foundation 1500 Birchmont Dr NE #17 Bemidji, MN 56601 218.755.2779 bsualumni.org