



PLANNED GIFT INFORMATION FORM

CONFIDENTIAL AND NON-BINDING

Name	Date of Birth
Street Address, City, State, Zip Coo	de
Telephone	Email Address
Spouse Name (if applicable)	Spouse Date of Birth
I/We desire to support WBUR and would li	ke to share that I/we have made a provision for Boston University, for benefit
of WBUR, in my/our estate plans as follow	S:
□Will	□ Charitable Trust
□ Trust	☐ Life Insurance Policy
□ IRA or Retirement Ac	
□ Other (please specify)
the current gift value at the time of Bob Oakes Legacy Circle: Yes, please welcome me/us into anonymous No, please do not welcome me/us	the Bob Oakes Legacy Circle and include me/us on member lists the Bob Oakes Legacy Circle but I/we prefer to remain
	st as an unrestricted gift in support of WBUR annual operating unless otherwise specified in the area below.
Please add any additional information your estate planning advisor, etc.	tion you would like to share with us (contact information of):
Donor Signature D	ate Donor Signature Date

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 ensure 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.

