



**PLANNED GIFT INFORMATION FORM**  
CONFIDENTIAL AND NON-BINDING

Name	Date of Birth
Street Address, City, State, Zip Code	
Telephone	Email Address
Spouse Name (if applicable)	Spouse Date of Birth

I/We desire to support WBUR and would like to share that I/we have made a provision for Boston University, for benefit of WBUR, in my/our estate plans as follows:

- |   |  |
|---|--|
| <input type="checkbox"/> Will                         | <input type="checkbox"/> Charitable Trust      |
| <input type="checkbox"/> Trust                        | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> IRA or Retirement Account    | <input type="checkbox"/> Donor Advised Fund    |
| <input type="checkbox"/> Other (please specify) _____ |  |

Gift Amount: \$\_\_\_\_\_

For provisions reflected as percentages and remainders, please provide a good faith estimate of the current gift value at the time of this declaration.

Bob Oakes Legacy Circle:

- Yes, please welcome me/us into the Bob Oakes Legacy Circle and include me/us on member lists
- Yes, please welcome me/us into the Bob Oakes Legacy Circle but I/we prefer to remain anonymous
- No, please do not welcome me/us into the Bob Oakes Legacy Circle

Gift Designation:

I/We agree to designate my bequest as an unrestricted gift in support of WBUR annual operating expenses and campaign initiatives unless otherwise specified in the area below.

Please add any additional information you would like to share with us (contact information of your estate planning advisor, etc.):

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Donor Signature	Date	Donor Signature	Date
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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.