

Capital University

Ask. Think. Lead.

Heritage Society Verification Form

Confidential

This is to verify that I/we have made provision for Capital University by a planned gift. I/we authorize you to include my name as a member of the *Capital University Heritage Society* as printed below:

Name (printed): _____

Signature: _____

Address: _____

Phone Number: _____ Date: _____

I/we realize that circumstances may change and the ultimate value of any future gift from my planned gift may be significantly different than what it is today. If I/we make any change in my/our deferred gift plan that changes the amount Capital University will receive, I/we will notify Capital of this change.

My/our planned gift for Capital University is by: _____
(will, trust, life insurance, etc.)

I/we estimate the present value of the planned gift(s) that Capital University will ultimately receive is approximately: \$ _____

I/we want to designate this planned gift to _____

If you have put in place more than one planned gift, please let us know what your gifts are and indicate the present value and designation of each:

*Planned Giving Office • Capital University
1 College and Main • Columbus, OH 43209-2394
614-236-6496 • toll-free 1-866-704-0742 • plangift@capital.edu*