



## Northern Illinois University Foundation

### Charitable Bequest Intention

Please use this form to share specifics of your bequest intention for the benefit of Northern Illinois University through the NIU Foundation. This form is for informational purposes only. Your estate is not (and will not be) legally bound by submitting this statement but remains revocable and can be modified at any time.

This information will be held in strictest confidence.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Bequest specifics

As evidence of my/our desire to provide a legacy of support for the benefit of Northern Illinois University through the NIU Foundation, I/we wish to inform NIU that you have been named in our estate plans.

As of this date, the approximate value of my/our gift is \$ \_\_\_\_\_  
(If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.)

Please check appropriate box:       outright bequest     contingent bequest

I/We designate this gift to be used for:

Unrestricted Support (where the need is greatest)

OR

The following College, Department or Program



### Cornerstone Society

In recognition of your intention, it is our great pleasure to induct you as a member of the Northern Illinois University Foundation Cornerstone Society. This select group comprises those having made a thoughtful and generous planned gift to support NIU's mission.

Yes, you may publicize my/our name(s) as members of the Cornerstone Society at the recognition level corresponding with my/our estimated gift.

I/We prefer my/our intentions to remain anonymous and do not want to be enrolled in the Cornerstone Society.

**Northern Illinois University Foundation**  
**Charitable Bequest Intention**

Bequest is in:    \_\_\_\_\_ Will    \_\_\_\_\_ Revocable Trust    \_\_\_\_\_ Other (please indicate)

\_\_\_\_\_

Execution date of the will/trust: \_\_\_\_\_

Attorney of Record: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Executor of estate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

I have attached a photocopy of the relevant portion of my will or revocable trust.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Donor Signature