

LEGACY GIVING INTENT FORM

Thank you for considering a legacy gift to Huron! Your generosity ensures a lasting impact, and we are deeply grateful for your support. If you choose to direct your legacy gift to a specific fund, we encourage you to reference this fund in your will.

Name(s):		
Address:		
City:	Province:	Postal
Email:	Phone Numb	per:
(Optional)		
As of this date, the approxim	ate value of my/our gift is	% of the residue of my estate or \$
STATEMENT OF INTEL As an indication of support of has been named in my/our of	& commitment to Huron's fu	ture, I/we wish to share that Huron University
Provisions in my/our Will		
Beneficiary designation (example: RRSP, RRIF, TFSA, li	ife insurance)
Other:	·	
GIFT INFORMATION		
I/we designate this gift to b	e used for:	
Huron Fund Unrestricted	support (in support of Huron'	s highest priority needs)
Restricted support to be	used for the following departn	nent, program, or existing fund:
I/we prefer my/our inten	tions to remain anonymous	
		lecision to give. The story of your decision to give our story and how we might share it to inspire giving
		binding and does not replace a will or life to the continued viability of Huron.
Donor Sigr		 Date
Donor Sign	acui e	Date
Donor Signature		Date:

Please note that this document is for information only and is not a legally binding commitment. The personal information requested on this form is collected for the purpose of maintaining communication with alumni and supporters of Huron University, exclusively to record, recognize, and celebrate the thoughtfulness of legacy giving donors.