





Statement of Intent

Full Le	egal Name(s):				
Addre	ss:				
City, S	tate, Zip:				
Phone	number:	Ema	nil Address:		
Donoi	Recognition				
	☐ Yes, you may rec	ognize me/us in donor l	ists and at eve	nts. Please list my/our name as follows	:
	☐ I/We prefer to rea	main anonymous durinุ	g our lifetimes,	but you may recognize me/us after my/	our/
	☐ I/We prefer to re	main anonymous.			
I/We v	wish to make a plan	ned gift through:			
	☐ Bequest through	Will or Revocable Trust	(dollar amour	nt or percentage)	
	□ Charitable Rema	inder Trust-Unitrust/An	nuity Trust		
	□ Charitable Gift A	nnuity – Current/Deferr	ed		
	□ Charitable Lead Trust				
	☐ IRA or Retirement Plan				
	\square Gifts of Stocks a	nd Bonds			
	☐ Life Insurance Po	olicy			
	\square Other, please de	scribe			
I/We v	wish to designate o	ır gift the following wa	y:		
□This	gift is to be unrestri	cted and may be used w	here the need	is greatest at WGVU Public Media.	
□ I/We	e wish to specify that	this gift be used to sup	port the follow	ring project(s) or purpose(s):	
	□ WGVU TV	☐ WGVU Radio	□ Both	☐ Other	
is an e. does n	xpression of our prese not provide financial n	ent plans and is subject t or estate planning advice	o revocation or e. We recomme	sion in my/our estate plan. This letter of in modification by me/us at any time. WGV and you discuss these plans with your act as an executor of a donor's estate.	
Signat	ure of Donor(s):			Date:	
				Date:	