

Lewis & Clark **PLANNED GIFT BOOKING STATEMENT**

In order to ensure proper gift entry, the following form must be completed for all planned gifts. Planned gifts will not be entered without this form and all appropriate backup. Please give this form and gift documentation to the Director of Advancement Services.

Constituent/Donor Information:

Donor Name: _____ ID#: _____ Birth Date: _____

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Commitment Information:

Gift Type: Planned Gift Gift Subtype: _____ Gift Date: _____ Amount: \$ _____
(N/A except for insurance policy gifts) (Transfer Value or Insurance Death Benefit)

Designation Information:

Campaign: _____ Fund: _____ Designation #: _____

Donation Notations : Gift is AnonymOUS (documentation attached)

Appeal: _____ Package: _____ Solicitors: _____

Receipt Amount: \$ _____ Remainder Value: \$ _____ As of: _____
(Charitable Gift Amount/Insurance Policy Cash Value) (Future Value) (Date)

NPV (Net Present Value): \$ _____ As of: _____
(Present Value) (Date)

Vehicle: Bequest Gift Annuity Remainder Annuity Trust Lead Annuity Trust Life Insurance
 Remainder Unitrust Lead Unitrust Retained Life Estate Other Planned Gift

Gift Status: Active Matured / Exp. Maturity Year: _____ Revocable Gift Has Been Realized

Assets: Cash/Check Stock/Bonds IRA Funds Real Property Personal Property

Asset Description: _____
(Stock/Bonds; Real Property; Personal Property)

Bequest Assets – Miscellaneous Notepad: Will/Living Trust Estate Life Insurance Beneficiary
 Trust/Annuity Held by Others IRA Beneficiary

Planned Gift Detail:

Payout %: _____ Amount: \$ _____ First Payment Date: _____ Term End Date: _____

Payment Frequency: Annually Semi-Annually Quarterly Bi-Monthly Monthly
 Semi-Monthly Biweekly Weekly Flexible Deferred (Gift Annuity Only)

Term Type: Fixed Term Lives Only Shorter of Fixed Term or Lives
 Longer of Fixed Term or Lives Lives then Shorter of Fixed Term or Lives

Trust Tax ID Number (List G/L Account # & Payout Type): _____

Constituent is a Beneficiary Type: _____

Beneficiary: _____ Relationship: _____ Type: _____

Beneficiary: _____ Relationship: _____ Type: _____

Planned Gift Relationships: _____

Carrier: _____ Policy #: _____ Type: _____ Owner: _____
(Life Insurance)

Notepad/Special Instructions: _____

Form Completed By: _____ Date: _____

To ensure proper gift entry all booking statements must be approved by the Director of Advancement Services.

Advancement Services Controls:

Approved By: _____ Entered By: _____ Date: _____