Print

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 back up. Please give this form and gift documentation to the Director of Advancement Services.

Constituent/Donor Information:

Donor Name: ______ ID#: ______ Birth Date: ______

Donor Name: ______ ID#: ______ Birth Date: ______

Commitment Information:

Gift Type: Planned Gift Gift Date: ______ Amount: $ ______
(Transfer Value or Death Benefit/Recognition Amount)

Designation Information (indicate split designations):

Fund: ______ Designation #: ______ Amount: $ ______

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Donation Notations: ☐ Gift is Anonymous (documentation attached) Solicitors: ______

Appeal: ______ Package: ______

Receipt Amount: $ ______ Campaign Grouping (FY18-FY24): ______
(Charitable Gift Amount or Cash Value)

Planned Gift Predicted Amount: ______ Countable for Campaign (FY18-FY24): ______

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 / Bequests: ○ Will/Living Trust ○ Estate ○ Life Insurance Beneficiary ○ Trust/Annuity Held by Others ○ IRA Beneficiary

Expected Maturity Year: ______ ☐ Revocable ☐ Gift Has Been Realized

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

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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)

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 # / L&C Trust Account # / Payout Type: ______ / ______ / ______

☐ Constituent is a Beneficiary

Beneficiary: ______ Relationship: ______ Birth Date: ______ SS#: ______

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Planned Gift Relationships: ______

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

Property Address: ______
(Retained Life Estate)

Notes: ______

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: ______