



STATEMENT OF ACCEPTANCE (Please print name in space below.) have/has established a deferred gift for the ultimate benefit of the Kent State University Foundation for the _____ campus. By completing this form, I/we accept membership in the Herrick Society. TYPE OF GIFT Beguest in Will or Trust: Life Insurance Beneficiary Designation Policy number, insurer and type of policy: _____% of estate; _____% of residuary estate; ____specific dollar amount or items Gift of Life Insurance Policy Policy number, insurer and type of policy: Retirement Account Designation Account number and information: Charitable Remainder Trust Life Estate Gift Annuity ESTIMATED CURRENT VALUE OF GIFT **GIFT PURPOSE** Unrestricted to allow the Kent State University Foundation flexibility to direct funds to greatest needs Restricted for the following purpose(s): **DONOR LISTING** I/we agree to be included in all Herrick Society, Kent State and Kent State University Foundation publications, listed as (gift amount never disclosed): I/we wish for our gift commitment to remain confidential I/we wish for our gift commitment to remain anonymous SIGNATURE _____ DATE SIGNATURE _____ DATE ____ ______ PHONE _____ EMAIL _ KENT STATE ATTORNEY OR FINANCIAL PLANNER optional HERRICK SOCIETY Please return to Center for Gift and Estate Planning • PO Box 5190 • Kent, OH 44242-0001; Scan/email to giftplan@kent.edu; or fax to 330-672-3275. Federal Tax ID# 34-657-6307

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