



## 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 89.7 WKSU. By completing this form, I/we accept membership in the Herrick Society.

## TYPE OF GIFT

Bequest in Will or Trust:	Life Insurance Beneficiary Designation
% of estate;% of residuary estate;	Policy number, insurer and type of policy:
specific dollar amount or items	Gift of Life Insurance Policy Policy number, insurer and type of policy:
Retirement Account Designation Account number and information:	
Gift Annuity Charitable Remainder Trust	Life Estate
ESTIMATED CURRENT VALUE OF GIFT	
GIFT PURPOSE Unrestricted to allow the Kent State University Foundation	on 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 Sta listed as (gift amount never disclosed):	
I/we wish for our gift commitment to remain confidenti	
I/we wish for our gift commitment to remain anonymou	IS
SIGNATURE	DATE
SIGNATURE	DATE
ADDRESS	
EMAIL	PHONE
KENISIATE HERRICK SOCIETY ATTORNEY OR FINANCIAL PLANNER optic	nal
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	