

MORAVIAN UNIVERSITY

Cornerstone Society Planned Gift Notification Form

I am pleased to become a member of the Cornerstone Society by making the following legacy gift to Moravian University:

- ☐ I have included Moravian in my will or living trust.
- ☐ I have named Moravian as a beneficiary of a life insurance policy.
- ☐ I have named Moravian as the beneficiary of a retirement or other financial account.
- ☐ I have arranged a trust, annuity, or other planned gift for the benefit of Moravian.

Purpose of Gift: *My gift is to be used for the following purpose:*

- ☐ Unrestricted (use where needed most)
 - ☐ Moravian University
 - ☐ School of Theology (Moravian Theological & Lancaster Theological Seminaries)
- ☐ Restricted and designated for: _____

Amount of Gift: *The provision is stated as a:*

- ☐ Specific dollar amount: \$ _____
- ☐ _____% percentage of estate/account with an estimated current value: (\$) _____

Recognition of Gift:

- ☐ I am happy to have my name included in the annual “Cornerstone Society” donor listing by name only (we do not share future gift amounts or type).
- ☐ I/we wish to remain anonymous.

I/We understand that my/our estate gift, described above, does not legally bind our estate, or our heirs, to fulfill and is considered by both Moravian University and ourselves as revocable. Moravian University will use this confirmation of my/our estate intentions for institutional planning purposes and to ensure my/our estate gift, once received, will be designated as I/we wish, so long as Moravian University can legally do so. I/We understand that I/we may change our estate plans at my/our discretion; however, I/we further understand that unless we notify Moravian University of my/our changed estate plans, any residual funds received from my/our estate will be designated in this form, and/or as governed by a signed memorandum of agreement between myself/ourselves and Moravian University.

Name(s): _____

Date(s) of Birth: 1st _____ / 2nd _____

Primary Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

- ☐ I have attached a copy of the relevant portion of my will, trust, or other planned giving instrument.

Moravian University respectfully requests that you share a copy of your future gift plan with us. We need only the page of your will/trust/insurance or other document that includes Moravian's gift designation and the signature/date page.

Our word is a promise. We promise you:

Recognition and Respect

We will always honor your wishes regarding public recognition (or anonymity).

Proper Stewardship

We will make every effort to use the gift as designated (scholarships, research, programs, etc.).

Transparency

We will provide accountability through annual reports and/or personal updates that demonstrate how the funds were used and the impact they had.

Ethical Responsibility

We will ensure donations are never misused, diverted, or treated casually, and that the University adheres to the highest level of fundraising ethics.

Moravian University
Department of Development & Alumni Engagement
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800-429-9437