

A. T. STILL UNIVERSITY | ATSU
Legacy Society Donor Response Form

All planned gifts qualify for recognition in A. T. Still University's (ATSU) Legacy Society. Please complete and mail this form to *ATSU Development, 800 W. Jefferson St., Kirksville, MO 63501.*

Statements of support are used to help ATSU project future financial support and gift expectancies. As an indication of my/our support for ATSU, I/we are pleased to report that I/we have made a gift as follows:

- Bequest — will provision or living trust provision
- Charitable Gift Annuity
- Charitable Remainder Unitrust or Annuity Trust
- Life Insurance
- Retirement Plan Beneficiary
- Real Estate
- Other

My planned gift will provide future support for:

- ATSU
- Kirksville College of Osteopathic Medicine (KCOM)
- School of Health Management (SHM)
- Arizona School of Health Sciences (ASHS)
- Arizona School of Dentistry and Oral Health (ASDOH)
- School of Osteopathic Medicine in Arizona (SOMA)

I/we estimate that the current value of my/our provision is _____. ATSU recognizes that values are subject to change and this estimate does not constitute a legally binding agreement.

My/our gift is designated for the following purpose(s):

Signature _____ Date _____

Signature _____ Date _____

Legacy Society Enrollment:	I would like additional information:
<input type="checkbox"/> Yes, please enroll me/us in ATSU's Legacy Society, and I/we approve public recognition of my/our gift (name(s) only will be publicized).	<input type="checkbox"/> Please send me a <i>Legacy Society</i> brochure
<input type="checkbox"/> Yes, please enroll me/us in the ATSU's Legacy Society; however, I/we choose not to be publicly recognized for this gift	<input type="checkbox"/> Please send me information pertaining to endowments
<input type="checkbox"/> No, please do not enroll me/us in the ATSU's Legacy Society.	<input type="checkbox"/> Please send me information on wills and trusts
	<input type="checkbox"/> Please send me information on endowment programs
	<input type="checkbox"/> I wish to be contacted by a representative of ATSU to discuss my estate plans

Name _____
 Spouse's Name _____
 Address _____
 City _____
 State _____ Zip _____
 Telephone _____
 E-mail _____