

# LGBTQ LEADERS

*in Higher Education*

## LGBTQ Leadership in Higher Education

### Planned Giving Intention Form

LGBTQ Leadership in Higher Education is deeply grateful for your commitment to building a more inclusive future for LGBTQ leaders in post-secondary education. This form allows you to inform us of your intention to make a future gift through your estate plans. Your legacy will strengthen our mission to advance professional development, advocacy, and equity for LGBTQ leaders across the global academy.

#### 1. Bequest Intention

I am pleased to inform LGBTQ Leadership in Higher Education (the Organization) of my intention to make a planned gift:

I intend to list the Organization as a beneficiary with my retirement account.

My retirement account(s) are held by \_\_\_\_\_.

My contact person is (name, email) \_\_\_\_\_.

I have listed the Organization as a beneficiary in my life insurance.

My insurance company is \_\_\_\_\_.

My current Will or Living Trust includes a bequest of \$\_\_\_\_\_

My current Will or Living Trust includes a bequest of \_\_\_\_\_% of my estate

Approximate current value of this gift: \$\_\_\_\_\_

#### 2. Purpose of My Gift

Please direct my future gift to the following:

Support of LGBTQ Leadership in Higher Education's Mission of advancing effective leadership in higher education by supporting LGBTQ professionals, fostering education, and advocating for equity and inclusion.

General Endowment Fund

To be added to the organization's general endowment to support long-term priorities.

Restricted Use

Please use this gift for the following purpose(s):

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### 3. Recognition Preferences

Yes, you may include my/our name(s) in the organization's public donor listings and acknowledgements.

No, I/we prefer to remain anonymous.

Name(s) for recognition (if applicable):

\_\_\_\_\_

### 4. Executor or Trustee Contact Information:

Name and contact information for the key contact for my estates (e.g., executor, trustee, or family member):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### 5. Donor Information & Signature

This information is non-binding and will be kept confidential unless otherwise indicated above.

Donor Signature (1): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (1): \_\_\_\_\_

Donor Signature (2): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (2): \_\_\_\_\_

Please return this form to:

Via Email: [jberg@lgbtqpresidents.org](mailto:jberg@lgbtqpresidents.org)

By Mail:

**LGBTQ Leaders in Higher Education**

348 W. 57th Street, #162

New York, NY 10019

If you have any questions, please feel free to reach out to Jim Berg, Executive Director at [jberg@lgbtqpresidents.org](mailto:jberg@lgbtqpresidents.org)