



Estate Gift Intention

To support North Kansas City Schools, I/we have completed a planned gift naming the North Kansas City Schools Education Foundation a beneficiary or recipient. The fulfillment of my/our commitment to the Education Foundation, to be used for the benefit of North Kansas City Schools, shall be made as follows:

Personal Information: *Please share your personal information so that we may recognize you and provide stewardship for your gift.*

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Address: _____

Email Addresses: _____

Home Phone: _____ Cell Phones: _____

Your Connection to North Kansas City Schools: _____

Type of Instrument: *Please check or complete all applicable boxes.*

My/Our gift provision is to be made through the following:

☐ Bequest (*Will or Living Trust Agreement*)*

☐ Life Insurance

☐ NKC Schools Education Foundation named as policy owner. ☐ NKC Schools Education Foundation named as beneficiary only.

☐ Retirement Plan (*Examples: IRA, 401(k)*)

☐ NKC Schools Education Foundation named as account owner. ☐ NKC Schools Education Foundation named as beneficiary only.

☐ Charitable Gift Annuity

☐ Irrevocable Trust (*Example: Charitable Remainder Trust*)

☐ Other: _____

**Optional: You may wish to attach a copy of the document's first page, signature page and the page including the testamentary gift provision to the NKC Schools Education Foundation.*

Valuation of Gift: *Please check or complete all applicable boxes.*

The estimated current value of my/our estate gift intention to the NKC Schools Education Foundation is:

\$ _____.

The estimated value of my/our estate gift intention to the NKC Schools Education Foundation is based on the following:

☐ Specific Amount Bequest: \$ _____

☐ Percentage Bequest: _____ %

☐ Residual or Remainder Bequest: _____ %

☐ Contingent Bequest: \$ _____ OR _____ %

☐ Face Value or Policy or Plan: \$ _____

☐ Cash Value or Policy or Plan: \$ _____

☐ Full Value of Trust or Annuity: \$ _____

(Continued)

Estate Gift Intention – Continued

Name: _____

Name: _____

Gift Purpose:

☐ My/Our gift may be used for “unrestricted purposes” as determined by the NKC Schools Education Foundation to achieve North Kansas City Schools’ highest priority educational goals.

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

☐ I/We wish for the NKC Schools Education Foundation to create an endowment agreement to specify the purposes and terms of my/our gift provision.

Donor Acknowledgement:

☐ **YES**, you may include my/our name(s) in any donor listings.

☐ **YES**, you may share pertinent details of my/our gift provision in North Kansas City Schools and NKC Schools Education Foundation publications and websites.

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Thank you for helping us plan for the future and provide extraordinary educational experiences for generations to come!

North Kansas City Schools Education Foundation

2000 NE 46th Street

Kansas City, MO 64116

816-321-5550 / Fax: 816-321-5001

www.nkcschoolsfoundation.org

foundation@nkcschools.org