

JKOMS FOUNDATION DEFERRED LEGACY GIVING COMMITMENT FORM

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Address is: _____ (Home)

_____ (Office)

Email: _____

_____ I have included the Jack Kent Oral & Maxillofacial Surgery Foundation in my will.

I plan to give a gift of:

_____ Cash _____ Life Insurance

_____ Property Estimated Value: \$ _____

The gift transfer will occur at the time of my death or the death of my spouse, _____, in the event that I predecease my Spouse.

_____ The JKOMFS foundation is a nonprofit 501(c)(3) corporation whose sole purpose is to promote the further education and support of the LSU OMS program, its trainees, and graduates. Legacy giving is an estate planning tool that many find helpful in reducing the tax burden on their survivors. If you are interested in how you might contribute and how contributing will help your family and future generations of LSU OMS residents, please return this form and a representative will contact you or send you written information on the details of this important estate planning too.

_____ I will send the JKOMSF a copy of the codicil or necessary modification to my will which describes my legacy gift

Signature: _____

Spouse Name (printed): _____

Spouse Signature: _____

JKOMS Foundation
2003 Forsythe Avenue Monroe, Louisiana 71201-4938
JKOMSF is 501(C)(3) Non-Profit Organization
(318) 388-2622