



DEFERRED LEGACY GIVING COMMITMENT FORM

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if different: _____

Preferred Email: _____

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

I plan to give a gift of:

_____ Life Insurance

\$_____ Cash

Estimated Value: \$_____

_____ Property

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. (If Applicable)

_____ The JKOMFS foundation is a nonprofit 501(c)(3) corporation whose sole purpose is to promote further the 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): _____
(If Applicable)

Spouse Signature: _____



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