

The Legacy Society

Instructions for My Planned Gift to CSULB

THANK YOU for including CSULB in your estate plan! The information in this form is confidential and used only to assure your wishes are honored out when the gift arrives many years from now. The form also allows you to advise us whether you would like recognition for your gift during your lifetime for including the campus in your estate plan.

Name(s) (please print)	
Address	
Phone	Email
CSULB class year(s) if applicable	Birth Date(s)
THE GIFT	
I/we have designated CSULB as a beneficiar	ry of my/our IRA(s) or other retirement account(s) or pension(s).
WHEN THE GIFT ARRIVES	ectedly arrived today is \$
Please use the gift wherever it is most neede	errives (see additional estate instructions attached). ed. ollowing College Dean and Department Chair or Program Director:
RECOGNITION (NOTE: you may change y	your choice at any time by notifying the Gift Planning Office in writing)
events, receiving publications, and publishin	egacy Society, a campus recognition group. This includes invitations to campus ng my/our name(s) without disclosing the gift amount. Legacy Society or publish my/our name(s) now or when the gift arrives.
if my/our designation to the University change	altered due to unforeseeable circumstances. I/we will notify the University es. I/we understand that that the information will be used by the University egift at the time it arrives and to guide recognition activities during my/our
Signature	Date
Signature	Date

Page 1 Rev 7-10-2017



The Legacy Society

ADDITIONAL GIFT INSTRUCTIONS

If the value of my/our gift meets the minimum requirements when it arrives in the future, I/we would like the CSULB 49er Board of Directors to establish an endowment (a permanent fund) according to these instructions. I/we understand that the University will administer the gift according to University policies and California law governing endowments and distributions that are in effect at the time the gift arrives.

PROPOSED ENDOWMENT NAME: (You may use your own name(s) or name the endowment after family members, friends, professors, coaches or others)		
l/v	ve would like the endowment to support the following College, Department or Program:	
	ve understand that the exact use of the funds will depend upon the amount received. If the amount received is sufficien	
I/V	ve ask that the funds support the following:	
	Endowed Dean or Athletic Director fund (for use at the Dean or Director's discretion)	
	Endowed Program or Department fund (for use at the Department Chair, Director or Coach's discretion)	
	Endowed faculty or coach position	
	Endowed and named program or lecture series	
	Endowed faculty and student research or travel fund	
	Endowed equipment and technology fund	
	Endowed named scholarship.	
Ple	ease use the following space to describe suggested criteria for use:	
	I/we have consulted with the Gift Planning Office staff about the criteria for the proposed endowment.	
	I/we have not consulted with the Gift Planning Office staff. Please call.	
Sign	nature Date	
Oigi	Date -	
Sign	nature Date	

Please return by mail, fax or email to CSULB Gift Planning Office 1250 Bellflower Blvd. BH 387 Long Beach, CA 90840-0116

FAX: (562) 985-5362 • Email: Susan.Berkman@csulb.edu

QUESTIONS?

Call Susan Berkman, J.D. at (562) 985-5122 or visit www.csulbgiftplanning.org

Page 2 Rev 7-10-2017