

I/we wish to make our intentions known of an estate pledge that we have arranged for the benefit of Avila University.

Name(s)			
Address			
City	Stat	e	ZIP
Phone	E-mail		
The fulfillment of this commitmen	nt will be made possible thi	ough the followi	ng instrument (s):
☐ Bequest in will or trust		Life insurance p	olicy
☐ Charitable remainder trust		Retirement plan	funds
☐ Charitable lead trust		Charitable gift a	nnuity
Other			
A copy of the will, or portion that My/our estate pledge shall be desi	pertains to Avila Universit	y, is attached.	☐ Yes ☐ No lowing area(s):
Unrestricted use at Avila Uni	versity	\$	
*Avila University Endowme. Designated area: *Please note: We ask that cre completed/signed paperwork of Advancement to complete.	eation of a named endowment	upon bequest comp	
Other (please specify)		\$	
We understand that Avila University Internal Revenue code and our gif			
Signature of Donor(s):		Date:	
		Date	