



UNIVERSITY OF  
CENTRAL FLORIDA

# Letter of Intention

Planned or Deferred Gift

Donor name: \_\_\_\_\_

Donor Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of contact person for estate donations and  
contact information: \_\_\_\_\_

Donor:

\_\_\_ Individual

\_\_\_ Joint with spouse

**Please send this form to:**

Sarah Drehoff

Senior Director of Development

Gift Planning

**University of Central Florida  
Foundation, Inc.**

**Office of Advancement**

12424 Research Parkway

Suite 250

Orlando, FL 32826

407.823.3525

sarah.drehoff@ucf.edu

ucffoundation.org

**Type of provision**

\_\_\_ Bequest by will

\_\_\_ Beneficiary of IRA or retirement plan

\_\_\_ Charitable gift annuity

\_\_\_ Charitable remainder trust

\_\_\_ Gift of life estate in residence

\_\_\_ Charitable lead trust

\_\_\_ Life Insurance proceeds or beneficiary designation

\_\_\_ Other: \_\_\_\_\_

The estimated current value of this gift is \$ \_\_\_\_\_

This planned or deferred gift is designated for:

College /area: \_\_\_\_\_

Program/project: \_\_\_\_\_

Special terms and recognition - please note any restrictions for your gift here: \_\_\_\_\_  
\_\_\_\_\_

For recognition purposes please list name(s) as: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I wish to be recognized as (a) member(s) of the Charles Millican Legacy Society.

\_\_\_ I wish to have a gift agreement drafted in the near future to create instructions for the disposition of funds which will benefit my preferred area of interest at the University of Central Florida.

Donor signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

All gifts to UCF are tax- deductible to the extent allowed by law. Please note that all donations should be made payable to : UCF Foundation, Inc.

**Thank you for your support of the University of Central Florida.**

For use by Advancement staff - information to be completed by development officer

ID#: \_\_\_\_\_ Project #: \_\_\_\_\_

Development officer: \_\_\_\_\_