

Name: _____ Date of Birth: ____/____/____

Spouse/Partner: _____ Date of Birth: ____/____/____

Mailing Address: _____

Telephone: (home) _____ (mobile) _____ (work) _____

E-mail: _____

PLEASE INDICATE IF YOU HAVE:

Included WOSU in your estate plans: Will Trust

Included WOSU as the beneficiary of (check all that apply):

Life Insurance Policy IRA, pension, or other retirement account

Other (please specify): _____

Approximate amount of your gift based on today's value: \$_____

This commitment is based upon the death of: Self - **OR** - Myself *and* another beneficiary

Please enroll me/us as a member of the Neil Legacy Society (check one):

I/ We grant you permission to publish my/our name(s) in WOSU and Ohio State University recognition materials.

Please print your name above as you would like it to appear in our recognition materials.

I/ We do not want my/our name(s) published in WOSU and Ohio State University recognition materials.
(WOSU will be aware of your gift, but will not list your name in any external publications or recognition pieces.)

I would like my gift to support *(please indicate percentage breakdown if more than one area):*

Unrestricted (_____%) (Used for the area of greatest need, at the discretion of the WOSU General Manager)

Classical 101 (_____%)

89.7 NPR News (_____%)

WOSU TV (_____%)

Signature

Date

Spouse/Partner Signature (if applicable)

Date

Please return this form to:
WOSU Public Media
Attn: Advancement
2400 Olentangy River Road
Columbus, OH 43210



WOSU and The Ohio State University acknowledge that this form is non-binding, and most legacy gifts remain fully revocable. The specifics of your gift will be treated confidentially.