

# LSUE | Foundation

Name(s) \_\_\_\_\_

TYPE OF GIFT \_\_\_\_\_

ESTIMATED VALUE OF GIFT or PERCENT OF ESTATE DEDICATED TO LSU EUNICE FOUNDATION

\$ \_\_\_\_\_

GIFT PURPOSE

\_\_\_\_\_

If the information provided herein should change, I/we agree to inform the LSU Foundation's planned giving team of the change. \_\_\_\_\_ (please initial)

## DONOR LISTING

I/we agree that the above may be included in all Legacy Society and LSU Eunice Foundation publications:

\_\_\_\_\_

SIGNATURE DATE

\_\_\_\_\_

SIGNATURE DATE

ADDRESS \_\_\_\_\_

\_\_\_\_\_

BIRTHDATE(S)( optional) \_\_\_\_\_

ATTORNEY OR FINANCIAL PLANNER SIGNATURE( optional) \_\_\_\_\_

Please Return to LSU EUNICE FOUNDATION PO BOX 1551 EUNICE, LA 70535

Carey Lawson  
Executive Director  
337-457-6140  
[clawson@lsue.edu](mailto:clawson@lsue.edu)