



# THE TOWER SOCIETY

We are privileged to welcome you into the Tower Society of Ohio Wesleyan University. The Tower Society honors those individuals who have made a planned gift or included Ohio Wesleyan in their estate plans. We are grateful to you for your foresight in helping to support the long-term success and growth of our University.

Please take a moment to complete the information below for our records. Doing so ensures that we are able to honor your intent for the use of your gift and, if applicable, to count your gift in the fundraising progress for the ongoing Connect Today, Create Tomorrow campaign.

Ohio Wesleyan University understands that this form is non-binding and that your future bequest remains fully revocable. The specifics of your gift will be kept strictly confidential.

## I. NAME(S) *(As you would like to be listed on the membership list)*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ OWU Class Year \_\_\_\_\_

Spouse/Partner \_\_\_\_\_ Birth Date \_\_\_\_\_ OWU Class Year \_\_\_\_\_

## II. TYPE AND VALUE OF GIFT

Type of Gift	Specific Amount	OR	Percentage (with estimated value, based on today's figures)
Bequest gift through will/trust	_____		_____
Retirement plan beneficiary	_____		_____
Gift Annuity or Charitable Trust managed by OWU	_____		_____
Life insurance beneficiary	_____		_____
Other Charitable Trust (not managed by OWU)	_____		_____
Other type of gift _____	_____		_____

Enclosed is a copy of the relevant section of my will/trust/beneficiary designation

## III. USE OF THE GIFT BY OHIO WESLEYAN

Unrestricted, to be used for the highest priority as determined by the OWU Board of Trustees

Restricted, to be used for \_\_\_\_\_

## IV. ADDITIONAL CONSIDERATIONS

This gift takes effect upon my passing

This gift takes effect upon the passing of both myself and my spouse

This gift is contingent, based upon my surviving my heirs or other beneficiaries

**V. CONTACT INFORMATION**

Where applicable, it is helpful to have contact information for the relevant person or entity that will be administering the gift.

**Executor/Trustee**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Email \_\_\_\_\_

**Beneficiary Designation** (such as of retirement plan or life insurance policy)

Administrator/Company \_\_\_\_\_

**Additional Information/Contacts You Would like Us to Know** (such as family or friends to whom we may express our gratitude for your gift)

**VI. SIGNATURES**

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

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

I prefer not to be publicly recognized as a Tower Society member.

---

**THANK YOU FOR MAKING OWU HOME OF YOUR LASTING LEGACY**

The Tower Society at Ohio Wesleyan University is administered by the Office of Gift Planning. Questions may be directed to (740) 368-3043 or [giftplanning@owu.edu](mailto:giftplanning@owu.edu).

**CONNECT TODAY**  
*create tomorrow*