



Olathe Public Schools Foundation

Planned Giving Declaration of Intent

Return this form, completed and signed to:

Olathe Public Schools Foundation
315 N. Lindenwood Drive, Olathe, KS 66062
Telephone: 913-780-8222 Fax: 913-780-8104
Email: foundation@olatheschools.org

Thank you for your decision to notify us about your planned gift supporting our mission to enhance educational excellence for Olathe Students. After we receive your documentation, you will receive official acknowledgement of your gift and information about membership in the OPSF Osborne Society. We also may contact you for more details if you have a specific area you wish your gift to benefit. On behalf of our students, faculty and staff, thank you for your generous support!

Donor Name _____ Birth Date _____

Donor Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____

I/We have provided support for the mission and goals of the Olathe Public Schools Foundation with one or more of the following planned gifts:

- Will Trust Retirement Plan IRA
- Life Insurance Policy Other (please describe) _____

I/We have provided for a planned gift of \$ _____ OR as a _____ percentage of my/our estate, which has a current estimated value of \$ _____.

- I/We *have* provided OR I/we *will* provide a copy of the portion of the will or other instrument that pertains to our gift to the Olathe Public Schools Foundation.
- This is an update of a previously documented planned gift.
- I/We give permission to publish my/our name(s) in the OPSF Osborne Society members honor roll as a motivation for others to leave planned gifts. The Olathe Public Schools Foundation agrees to keep specifics of the gift confidential unless given donor permission.
- I/We would like to remain anonymous.

My/Our gift to the Olathe Public Schools Foundation is to be used for the following:

Donor Signature _____ Date _____

Donor Signature _____ Date _____