

## GIFT AGREEMENT / CHARITABLE GIFT DECLARATION

This Gift Agreement ("Agreement") is made as of \_\_\_\_\_, 20\_\_\_\_, by and between the undersigned donor ("Donor") and Gamma Beta Chapter of Kappa Alpha Order Greek Life Scholarship Of Missouri State Foundation ("Foundation"), a nonprofit organization.

1. PURPOSE. The Donor voluntarily desires to make a charitable gift to the Foundation to support its charitable and educational purposes, and the Foundation accepts such gift subject to the terms herein.

### 2. GIFT.

- Cash Gift. The Donor hereby irrevocably gifts \$\_\_\_\_\_ (USD) to the Foundation, transferred on \_\_\_\_\_.
- Estate Gift. The Donor hereby bequeaths \_\_\_\_\_% or \$\_\_\_\_\_ of the Donor's net estate to the Foundation, payable upon the Donor's death. Net estate shall mean the remainder after payment of lawful debts, taxes, and administrative expenses.
- Donor gifts IRA/retirement annual required distributions

3. USE OF FUNDS. Provided a Gamma Beta Chapter exists on Missouri State University, the funds will only be provided to members or pledges or pinned members of Gamma Beta Chapter of KAO for educational purposes.

4. NO CONSIDERATION. This gift is made freely and without expectation of goods, services, or consideration of any kind.

5. TAX & LEGAL NOTICE. The Foundation makes no representations regarding tax consequences. The Donor is advised to seek independent legal and tax counsel.

6. GOVERNING LAW. This Agreement shall be governed by the laws of the State of \_\_\_\_\_.

7. ENTIRE AGREEMENT. This document constitutes the entire agreement between the parties regarding the subject matter herein.

IN WITNESS WHEREOF, the Donor and the Foundation have executed this Agreement as of the date first written above.

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

Printed Name: \_\_\_\_\_

Foundation Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Optional Notary Acknowledgment

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_