

Donor Confirmation

This will confirm the	at I/we have included a com	nmitment to KUVO in my/our current estate plan.
Name(s):	_	
Address:		
Phone:	Email: _	
Cianatura(a)		Doto
Signature(s)		Date
☐ I/we would like t	o be listed in the annual Cor	mmunity Report and on-air honor rolls. Please list my/our
name(s) listed as fo	llows:	
☐ I/we prefer to re	main anonymous.	
	<u>OPTIC</u>	DNAL INFORMATION:
I have provided for	KUVO in the following manner	r:
Bequest		Charitable remainder trust
l —	kerage account assets	Charitable lead trust
Life insurance p		Other
Charitable gift a		
_	roviding the information, pleas	se tell us the value of the gift you plan to leave to KUVO: of birth
	Dutc(5) 0	T Dirtiti
What are your favo	rite programs on KUVO/KVJ	IZ?
	vith the name and contact in amily member in case we are	nformation of your advisor, attorney, trustee, personal e unable to reach you.
Name:	nat	
Address:		
	Polations	

Please return this form to:

Ryan Welch, Office of Leadership Giving, RMPBS / KUVO 1089 Bannock Street, Denver, CO 80204



