



NWHOF ENDOWMENT FUND GIFT VERIFICATION FORM

National Wrestling Hall of Fame & Museum 405 W. Hall of Fame Avenue Stillwater, OK 74075

(405) 377-5243 Office (405) 377-5244 Fax lsmith@nwhof.org

DECL	ARATION OF INTENT:	
On, the Na	, I/we (name optional tional Wrestling Hall of Fame & N	al) included fuseum in my/our estate plan.
GIFT I	INSTRUMENT	
	through a Will	through a trust
	through a codicil to a Will	through other gifts (e.g., insurance, stocks, cash, etc.)
ESTIM	NATED GIFT VALUE	
f	or a specific amount which should	be approximately \$
f	for a percentage which should be ap	proximately \$
	nents executed by me/us to fulfill th	ame with copies of all wills, trusts, and supporting the Endowment Challenge goal. Date
Name		Date
	YMOUS GIFT	Date
		Date nt for the National Wrestling Hall of Fame & Museum
	By checking this box, it is my interto keep my gift anonymous. By checking this box, I would like	