



TULSA COMMUNITY  
FOUNDATION

CHARITY *With* CHOICE

**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@wrestlinghalloffame.org**

**DECLARATION OF INTENT:**

On, \_\_\_\_\_, I/we (name optional) \_\_\_\_\_ included the **National Wrestling Hall of Fame & Museum** in my/our estate plan.

**GIFT INSTRUMENT**

\_\_\_\_\_ through a Will  
\_\_\_\_\_ through a codicil to a Will  
\_\_\_\_\_ through a trust  
\_\_\_\_\_ through other gifts (e.g., insurance, stocks, cash, etc.) \_\_\_\_\_

**ESTIMATED GIFT VALUE**

\_\_\_\_\_ for a specific amount which should be approximately \$ \_\_\_\_\_  
\_\_\_\_\_ for a percentage which should be approximately \$ \_\_\_\_\_

I/we provide the following non-binding information in order to substantiate the stated gift under the National Wrestling Hall of Fame Endowment Challenge. My attorney or other professional advisor is further authorized to supply Tulsa Community Foundation and/or the National Wrestling Hall of Fame with copies of all wills, trusts, and supporting documents executed by me/us to fulfill the Endowment Challenge goal.

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

**ANONYMOUS GIFT**

By checking this box, it is my intent for the National Wrestling Hall of Fame & Museum to keep my gift anonymous.

By checking this box, I would like to remain anonymous to the National Wrestling Hall of Fame & Museum. In which case, please forward this verification form to:

Tulsa Community Foundation  
c/o John Wolfkill  
7030 South Yale Avenue, Suite 600  
Tulsa, OK 74136

(918) 494-8823 Office  
(918) 494-9826 Fax  
jwolfkill@tulsacf.org