•	st in being a part of the KIO your intentions with us by	-		
<u> </u>	more about supporting KIOS S Omaha Public Radio in our f		blic Radio through Planned Giving	
Name (Last, First)		Spouse / Partners Name (Last, First)		
Date of Birth		Spouse / Partners DOB		
Address		City / State / Zip		
Email Address		Phone Nun	nber	
The gift has an estimated	value of \$		and is in my/our:	
☐ Will	Retirement Accou	nt	☐ Charitable Remainder Trust	
Revocable Trust	Life insurance Pol	icy	Other	
	ts are optional and strictly cor revoked. This information is f		e understand that this amount may lanning purposes only.	
Please consult your finance Barbara Naughtin, Membe	cial adviser or contact : ership Director at KIOS (ba	rbara.naug	htin@ops.org)	
Return this form to: KIOS Omaha Public Radio ATTN: Barbara Naughtin 3230 Burt Street Omaha NE 68131				
Signature		KIOS Signature		