A BOLDER BONAVENTURE

ignite. inspire. invest. BEQUEST INTENTION NOTIFICATION

Your Name:		Date of Birth:		
Spouse's Name:				
Address:	City:	State:	Zip:	
	Email:will provide) for St. Bonave			
☐ Will or Living Trust	☐ Retirement Assets ☐	Life Insurance Policy	☐ Charitable Trust	
☐ Other (please list):				
Name of Executor/Truste	ee/Attorney:			
Address:	City:	State:	Zip:	
Phone:	Email:			
I/We wish to direct our	gift toward:			
Unrestricted endows	ment* (supports highest priori	ity)		
Restricted for the fol	lowing preferred purpose			
	ic intentions of our donors. Please speak w Treserves the right to refuse gifts not in keef			
*Earnings from unrestricted endowm of Trustees.	ent gifts are designated annually for use bas	sed on the highest needs and priorities	of the school as determined by the Board	
Please indicate:				
My/Our gift is eq	uivalent to% of my/	our estate.		
I/We estimate the	e cash value of our gift to be \$	·		
	ip in the Seraphim Legacy motivation for others to leave			
Please publish recognition	as:			
☐ I/We would like to ren	nain anonymous and prefer th	at my/our name(s) not be	published.	
Donor Signature:			Date:	
Donor Signature:			Date:	
Received by:			Date:	
V	ice President of University Ac	lvancement		
☐ Please attach a copy as a primary beneficiary	of the relevant section of the	e document naming St.	Bonaventure University	

This form is nonbinding and does not constitute a legal promise of any future donation to St. Bonaventure University. We respectfully request notification any time you make changes or adjustments to your estate plan or anticipated gift.