

BEQUEST INTENTION NOTIFICATION

Your Name:		Date of Birth:		
Spouse's Name:		Date of Birth:		
Address:	Cit	y:	State:	Zip:
Phone:				
I/We have provided (or wi				
☐ Will or Living Trust ☐	Retirement Assets	☐ Life Insurar	nce Policy	☐ Charitable Trust
Other (please list):				
Name of Executor/Trustee/	Attorney:			
Address:	City:	<u> </u>	State:	Zip:
Phone:	Email:			
I/We wish to direct our git	ft toward:			
Unrestricted endowme	nt* (supports highest p	riority)		
Restricted for the follow	ving preferred purpose.			
SBU seeks always to honor the specific in capable of honoring your wishes. SBU res				
*Earnings from unrestricted endowment g of Trustees.	ifts are designated annually for us	se based on the highest n	eeds and priorities	of the school as determined by the Board
Please indicate:				
My/Our gift is equiv	valent to% of	my/our estate.		
I/We estimate the ca	ish value of our gift to l	be \$	·	
I/We accept membership in donor publications as a mo				
Please publish recognition as	:			
☐ I/We would like to remain	n anonymous and prefe	r that my/our na	ıme(s) not be	published.
Donor Signature:				Date:
Donor Signature:				Date:
Received by:				_ Date:
Interim Vice Pro	esident of University A	dvancement		
☐ Please attach a copy of as a primary beneficiary.	the relevant section of	f the document	naming St.	Bonaventure University