Bequest Intention Form

A bequest gift to Salve Regina University is a wonderful way to leave a legacy and become a member of The Salve Legacy Society during the campaign, *Our Mission. Our Moment.* Please complete this form to ensure that your future gift intentions are appropriately recognized and fulfilled. The information you provide below will be kept confidential. Thank you for including Salve Regina University in your estate commitments.

TYPE OF GIFT

I have included Salve Regina University in my:

☐ Bequest/will/estate plan   ☐ Retirement plan   ☐ Charitable remainder trust   ☐ Brokerage or savings account

☐ Life insurance policy   ☐ Living trust   ☐ Charitable lead trust   ☐ Other

SALVE LEGACY SOCIETY RECOGNITION

Salve Regina is proud to recognize you as a member of The Salve Legacy Society.

☐ Please include me in the Salve Legacy Society.   ☐ My spouse is joining me.   ☐ I/we prefer to remain anonymous.

DOCUMENTATION

☐ Attached is a copy of the bequest provision, relevant portion(s) of my/our will or estate plan provision, or beneficiary designation document that names Salve Regina as a beneficiary.

VALUE

- Specific dollar amount to bequeath $ _____ **OR**
- Percentage of estate or account _____ %. Estimated current $ value equal to the percentage: $ _____

AREA OF SUPPORT

I/we wish to bequeath this gift to Salve Regina to be designated as:

☐ Current use support to annual unrestricted budget.

☐ Current use support for _____ (Example: Financial aid, faculty support and/or student life.)

☐ Add to my existing named fund _____ .

☐ Support to unrestricted endowment.

     ☐ This gift is revocable.   ☐ This gift is irrevocable.

Salve Regina understands that gift intentions can change based on unexpected life events.

Donor Name(s): _____   Affiliation/Class Year(s): _____

Date of Birth: _____   List as: _____

Address: _____   Preferred Phone: _____

City: _____ State: _____ Postal Code: _____   Email: _____

Donor Signature(s): _____   Date: _____

THE PERSON WHO WILL HANDLE MY ESTATE AFFAIRS (EXECUTOR OR PERSONAL REPRESENTATIVE) IS:

Name _____

Address _____

Telephone _____   Email _____

Print Name _____

Signature _____   Date _____

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