CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support Brandeis University through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Planned Giving Brandeis University Phone: 781-736-4000

Email: plannedgiving@brandeis.edu

Planned Gift Notification- Confidential

Personal Information

Name:			
Spouse Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Date(s) of Birth:			

Your Gift Intention

-	•	on and attach a copy of the documentation or appropriate lable. Please complete all that apply.
I/We want to sbelow:	support the mission o	f Brandeis University through a planned gift as described
☐ I/We hav	e included a bequest	for Brandeis in my/our will or living trust.
☐ I/We hav	e named Brandeis as	s a beneficiary of an asset:
Ret	irement Plan	☐ Bank, Investment, or Other Financial Account
Life	Insurance Policy	Other:
	e named Brandeis as e remainder trust.	s a revocable/irrevocable (circle one) beneficiary of a
	(If possible, please in	will be approximately \$ or % nclude a copy of the bequest language or other wording
		of the gift provision (such as, asset to be donated if other be used, whether gift is to create an endowment, etc.):
─────────────────────────────────────	include me/us in listi	ngs of planned gift donors.
		our name(s) to appear in our Sachar Legacy Society our intended gift will not be published):
☐ No, please do	not include me/us in	ı listings.
Signature(s):		
_		
_		
Date: _		

Return form to: Planned Giving Brandeis University 415 South St., Waltham MA 02453 Phone: 781-736-4000

Email: plannedgiving@brandeis.edu