



Planned Giving Statement of Intent

This statement is an expression of my intent to provide for the future of Le Moyne College through a planned or estate gift. The provision(s) made include the following:

- An outright bequest upon the passing of the Donor, or the passing of the Donor and spouse.
- A life insurance policy, in which Le Moyne College is named as beneficiary or owner and beneficiary.
- Retirement assets, in which Le Moyne College is named as a beneficiary.
- A trust agreement, with income reserved for the donor, spouse, or other income beneficiary.
- Other (please specify) _____

The estimated value of my gift is:

- \$_____ as specified in my will
- _____ % of my estate, currently valued at \$ _____
- _____ % of my retirement plan/life insurance, currently valued at \$ _____.

Purpose:

It is my wish that the gift be used:

- At Le Moyne College's discretion, to create the greatest impact in our community by supporting its most compelling needs and opportunities.
- For the following existing fund(s) or purpose: _____
- To create the following fund (please provide fund name and purpose): _____

If your gift is *In Memory* or *In Honor* of someone, may we inform the beneficiary or surviving family member of your intent? Yes No

Special circumstances of my gift include:

Documentation

- Yes, I/we will share a copy of the portion of the will that applies to _____ or the trust agreement or Change of Beneficiary Form (401k, 403b, IRAs, Insurance) in which Le Moyne College is named.

Recognition*

Le Moyne College appreciates the opportunity to acknowledge your commitment to the community by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

- I (we) permit Le Moyne to use my/our name(s) in printed lists of Planned Gifts, which may appear in our annual report, newsletter, website and/or other publications.
- I (we) prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.
- I (we) prefer to remain anonymous during and after my/our lifetime(s).

Donor Signature

Date

Printed Name

Address

City, State

Zip

Phone

Email

Spouse's Signature

Date

Printed Name

Address

City, State

Zip

Phone

Email

This document does not bind you or your estate. You may choose to increase, decrease, or revoke this bequest at any time, at your sole discretion.

Welcome to the Evergreen Circle, a recognition society for members who have informed Le Moyne of their intention to include the College in their gift planning. Thank you for your commitment to Le Moyne's future.

LE MOYNE
Greatness meets Goodness®

Any concerns or questions, please contact Kate Cogswell, '85 J.D., at cogswek@lemoyne.edu

CONFIDENTIAL STATEMENT