

# The Thomas and Frances Sidwell Society Confidential Planned Gift Intention Form

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## YOUR GIFT INTENTION

Please provide information and attach a copy of the documentation or appropriate language from your will or trust, if available. Please complete all that apply.

As a strong believer in Sidwell Friends and in support of its faculty, students, and programs, I/we pledge and document a planned gift as described below:

- I/We have included a bequest for Sidwell Friends in my/our will or living trust.
- I/We have named Sidwell Friends as a beneficiary of an asset:
  - Retirement Plan
  - Life Insurance Policy
  - Bank, Investment, or other Financial Account
  - Other: \_\_\_\_\_
- I/We have named Sidwell Friends as a revocable/irrevocable (circle one) beneficiary of a charitable remainder trust.

The estimated value of this gift intention is \$ \_\_\_\_\_

This gift intention is documented by the enclosed: *(check one)*

- A copy of the relevant portion of my will or other testamentary document
- An explanatory letter

This gift intention is: *(check one)*

- Unrestricted
- To be contributed to the endowment fund
- To be used for specific purposes:  
\_\_\_\_\_  
\_\_\_\_\_

Recognition: *(check one)*

- Please list me/us in the annual Report on Philanthropy and elsewhere, as appropriate, as a member of The Thomas and Frances Sidwell Society.

Please indicate how you would like your name(s) to appear: \_\_\_\_\_  
\_\_\_\_\_

- Please consider this gift anonymous.

I/We acknowledge that, in my/our lifetime, the School may make decisions or take actions in reliance upon this gift intention.

Signature(s)

Date