

#### **DECLARATION OF FUTURE INTENT**

# **FOREVER** ALBERTUS

The Centennial Campaign

Thank you for your intention to include Albertus Magnus College in your estate plans. To accurately document your intention, please complete this form with as much detail as you are willing to share. **Information disclosed on this form will remain confidential and is not legally binding.** 

In support of *Forever Albertus: The Centennial Campaign*, I/we have included Albertus Magnus College as a beneficiary of my/our trust or estate plan.

Type of Gift			
My/our planned gift is in the form of a:  Bequest (Will or Living Trust)  Other (please specify):	Retirement Plan		☐ Charitable Trust
Estimated Gift Value			
lacksquare The specific amount of my/our pla	anned gift is \$	; or	
■ My/our gift represents a percenta my/our gift to be \$		e residue of my estate). I/we e	estimate the value of
Gift Designation			
In my/our legal documents, I/we have	directed that my/our g	ift be used:	
lacksquare for the general benefit of Albertus	Magnus College, whe	erever the need is greatest at	the time the gift is
received; or			
lacksquare for the specific purpose of:			
Please be advised that additional discuss best fulfill donor intent and/or to meet mir Named Endowed Scholarship).			9
Gift Recognition The Prospect Hill Society, named for the Prospect Hill Society and desired and a second sec			
recognizes the incredibly dedicated and g  Please include me/us, without disc		_	•
			•
If so, I/we would like my/our name(s) to			
l/We prefer for my/our planned gi	•		17
I/We understand that I/we will recunderstand that I/we should notify the	, ,	. 0	0 1 1
will affect the above provisions. If my/o		,	. ,

amount, Albertus Magnus College will gladly accept whatever value I/we currently place on this percentage.



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### **Contact Information**

Donor Name(s):	
Address:	
Telephone:	Email:
	is an expression of my/our current plans. I/We understand it does not create a y be modified and/or revoked at any time.
Signature:	Date Signed:
Signature:	Date Signed:
your gift that you would like to s	nare (optional):
Would you be willing to provide  Yes No	a testimonial to inspire other donors to include Albertus in their estate plans?

#### Please return this form to:

Albertus Magnus College | Office of Advancement | 700 Prospect Street, New Haven, CT 06511

You may attach any documents that further describe the nature of your estate arrangements for the future benefit of Albertus Magnus College. All information provided is confidential and will be used for internal purposes only. Please contact the Office of Advancement at (203) 773-8502 or giving@albertus.edu with questions or to discuss your plans.