

CARROLL
UNIVERSITY



OFFICE OF
GIFT PLANNING

Confidential Intention Form

Dear Donor,

We realize that many people who plan to support Carroll 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.

Katie Cyrus
Asst. Dir. of Gift Planning
Carroll University
Phone: 262-951-3014
Email: kcyrus@carrollu.edu

Planned Gift Notification--Confidential

As confirmation of my/our desire to provide a legacy of support to Carroll University, I/we hereby inform Carroll University's Office of Gift Planning that I/we have made a bequest to the university in my/our estate plan. I/we understand that this commitment is revocable, and I/we can modify at any time.

Name: _____

Spouse Name: _____

Signature(s): _____

Date: _____

Date(s) of Birth: _____

Phone: _____ E-mail: _____

- New Intention (I/we have not previously shared any information with Carroll University about this intention.)
- Updated Intention (I/we have previously provided Carroll University with gift intention information. Using this form, I/we are providing updated information. This form replaces all previous shared documentation.)

I/we have established a gift to benefit Carroll University in the future by means of:

- Will or Trust Beneficiary-Life Insurance Policy Beneficiary-Retirement Plan
- Bank, Investment, or other financial account Other _____

The current estimated value of my/our gift is \$_____, or my/our gift is _____% of the asset indicated above. If a percentage is given, the current estimated value of the percent in today's dollars is \$_____. (If possible, please include a copy of the estate document(s) or other wording describing your planned gift.)

I/we wish to designate our gift to be used for the following purpose(s):

- Unrestricted
- Restricted for the following purpose: _____
- Please contact me/us to discuss designation for my/our intended gift.

Please provide a general description of the gift provision (such as, asset to be donated if other than cash or securities, how gift is to be used, whether gift is to create an endowment, etc.)

Recognition:

- Yes, you may include me/us in listings of gift planning donors.

Please indicate how you would like your name(s) to appear in our 1846 Legacy Society, Carroll University's society recognizing donors who have created personal legacies. (Please note the amount of your gift will not be published):

- No, please do not include me/us in listings.

Return form to:
Katie Cyrus
Asst. Director of Gift Planning
Carroll University
100 N. East Avenue
Waukesha, WI 53186
Phone: 262-951-3014
Email: kcyrus@carrollu.edu

Confidential Intention Additional Information

Estate Contact Information:

Although optional, the following information is very helpful to ensure your intentions are honored:

Executor, Trustee (if your gift is through a Will, Trust):

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____

Email: _____

Administrating Company (i.e. TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy):

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____

Email: _____

Additional Contact/Relationship you may want us to know (family, attorney, etc.)

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____

Email: _____

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