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ST BONAVENTURE
UNIVERSITY

# BEQUEST INTENTION NOTIFICATION

Your Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

**I/We have provided (or will provide) for St. Bonaventure University in the following manner**:

❑ Will or Living Trust ❑ Retirement Assets ❑ Life Insurance Policy ❑ Charitable Trust

❑ Other (please list): _____

Name of Executor/Trustee/Attorney: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

**I/We wish to direct our gift toward:**

____ Unrestricted endowment* ____ Restricted endowment (list the specific endowment fund below)

_____

*SBU seeks always to honor the specific intentions of our donors. Please speak with a school representative before restricting your gift to ensure that the school is capable of honoring your wishes. SBU reserves the right to refuse gifts not in keeping with the school's mission or priorities.*

**Earnings from unrestricted endowment gifts are designated annually for use based on the highest needs and priorities of the school as determined by the Board of Trustees.*

**Please indicate**:

_____ My/Our gift is equivalent to _____% of my/our estate.

_____ I/We estimate the cash value of our gift to be $ _____.

**I/We accept membership in the Seraphim Legacy Society** and agree to have my/our name(s) published in donor publications as a motivation for others to leave a future gift benefitting St. Bonaventure University.

Please publish recognition as: _____

❑ I/We would like to remain anonymous and prefer that my/our name(s) not be published.

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Received by: _____ Date: _____

*This form is nonbinding and does not constitute a legal promise of any future donation to St. Bonaventure University. We respectfully request notification any time you make changes or adjustments to your estate plan or anticipated gift.*