



# TESTAMENTARY INTENTION FORM

*This is a disclosure for our records only and is non-binding.*

Thank you for investing in Goucher. Your generosity is deeply appreciated. A gift to Goucher through your estate plan qualifies you as a member of Second Century, a key group of individuals whose foresight builds the future of Goucher. We look forward to welcoming you into this esteemed society. Goucher College recommends that all persons considering a planned or deferred gift should consult with their professional advisors. Your testamentary gift will be recognized when you are 60+ and have provided a current estimated value of the gift. It would be helpful if you could provide us with a copy of the portion of your estate document that pertains to Goucher College. The College encourages alumnae/i and friends to discuss their plans with staff to ensure that their wishes are understood and that Goucher can comply with those wishes.

NAME: (Please Print)					
EMAIL:					
PHONE:					
DATE OF BIRTH:					
STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	
SPOUSE's NAME (if Applicable):			SPOUSE's DATE OF BIRTH (if Applicable):		
DESIGNATION FOR THIS GIFT:	<input type="checkbox"/> Unrestricted/area of greatest needed <input type="checkbox"/> Restricted (Please indicate purpose): _____				
CURRENT ESTIMATE VALUE OF THIS GIFT: (A good faith current estimate is all that is needed)			\$ _____		
TYPE OF PROVISION:	<input type="checkbox"/> Bequest <input type="checkbox"/> Charitable Gift Annuity <input type="checkbox"/> Beneficiary Designation <ul style="list-style-type: none"> <li>○ Type: _____ (Insurancy Policy, 401(K), IRA, etc.)</li> <li>○ My account is currently managed by: _____</li> </ul> <input type="checkbox"/> Testamentary Trust <ul style="list-style-type: none"> <li>○ Trustee (if known): _____</li> </ul> <input type="checkbox"/> Other (Please describe): _____ <input type="checkbox"/> If your gift is in the form of real property or non-liquid assets, such as a home or art, please describe: _____ _____				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_