In appreciation of Mount Holyoke College and with the desire to contribute to its continued strength and success, I/we have executed and, barring unanticipated changes in circumstances, intend to keep in effect a valid provision in my/our estate for the College.

A conservative estimate of the current value of my/our provision is $ ____________________________

Definition of value of provision: e.g., specific dollar amount, percentage of estate, description of gift property, etc. ________________________________________________________________

My/our provision is made through the following planned gift:

BEQUEST
☐ Bequest in a will

TRUST
☐ Bequest in a living trust
☐ Charitable remainder trust
☐ Charitable lead trust

OTHER
☐ Retirement plan assets [e.g., IRA, 401(k), 403(b)]
☐ Life Insurance
☐ Other ________________________________________________________________

☐ Attached is a copy of the relevant document naming Mount Holyoke as primary beneficiary: e.g., page of will or trust mentioning Mount Holyoke, beneficiary form from life insurance or retirement plan.

Continued on back…
All bequest documentation will be kept in strictest confidence.

No bequest dollar amount will be directly associated with a donor’s name.

On occasion, names of donors who have documented bequests may be listed in College reports or shared with class leadership.

Documented bequest dollar amounts will be aggregated and included in overall class totals at reunions.

Please state your preference:

- I/we give Mount Holyoke College permission to publish my/our name(s) in College reports and share with class leadership as having documented a bequest intention for the College and have our bequest intention figure included in aggregate totals.

- I/we prefer for this gift to be anonymous in that my/our name(s) will never be published in any College reports or shared with class leadership as having documented a bequest intention for the College – however, I/we wish that my/our bequest intention figure be added to aggregate totals.

- I/we prefer for this gift to be totally anonymous, such that our names will never be published or shared with class leadership in connection with bequest intentions and my/our bequest intention figure will NOT be included in aggregate totals.

I/we understand that Mount Holyoke College will consider this commitment and may use this information to plan for its educational program on the basis of this provision. If my intentions change, I/we will inform the College.

__________________________________________________________________________________

Signature                                           Date

__________________________________________________________________________________

Signature                                           Date

Return this form and relevant documents to:

Mount Holyoke College
Office of Gift Planning
50 College Street
South Hadley, MA 01075