



GIFTS IN WILLS AND OTHER LEGACY GIVING

Bequest Intention Form (Confidential)

NAME(S)

CLASS YEAR

DATE

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 (a snapshot of today's 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:

BENEFICIARY AND POD DESIGNATIONS

- Bank/investment account(s)
- Brokerage account
- Certificate of deposit (CD)
- Savings account
- Donor-advised fund (DAF)
- Life insurance
- Retirement plan assets (e.g., IRA, 401(k) or 403(b))

WILL

- Beneficiary in a will

TRUST

- Beneficiary of a living trust
- Charitable remainder trust

OTHER

Attach a copy of the relevant section of the document naming Mount Holyoke as a primary beneficiary (e.g., the page of your will or trust that mentions Mount Holyoke, or the beneficiary form from your life insurance or retirement plan).

Bequest Confidentiality

All bequest information will be kept in the strictest confidence. No dollar amount will be directly associated with a donor's name. Occasionally names of donors who have bequests may be listed in College reports or shared with class leadership, unless the donor has requested anonymity. Documented bequest dollar amounts will be aggregated and included in the 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 amount included in aggregate totals.
- I/We prefer that this gift 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 amount be added to aggregate totals.
- I/We prefer that this gift be totally anonymous in that my/our names will never be published or shared with class leadership in connection with bequest intentions and my/our bequest intention amount 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/our intentions change, I/we will inform the College.

In Your Own Words

We invite you to tell us more about your choice to include Mount Holyoke in your plans and what you hope the impact of that gift will be. Thank you for sharing your story! (Feel free to attach an additional page if you wish.)

SIGNATURE

DATE

SIGNATURE

DATE

RETURN THIS FORM AND RELEVANT DOCUMENTS TO:

Office of Gift Planning
Mount Holyoke College
50 College Street
South Hadley, MA 01075
giftplanning@mtholyoke.edu
800-642-4483

MOUNT  HOLYOKE