Documenting Your Provision for Bowdoin

Name(s):			Cl	ass Year(s):
Address:			City:	
State:	Country:	Postal code: .	Da	ate(s) of Birth:
GIFT TYP	E:		MY GIFT WIL	L BE RECEIVED:
☐ Will or trust provision			☐ Upon my death	
☐ Retirement or investment account beneficiary provision			☐ Upon the death of my surviving spouse	
☐ Life insurance beneficiary provision			☐ Other:	
☐ Other:				
			PROVISION '	VALUE:
I WOULD LIKE MY GIFT TO SUPPORT:			A specific dollar amount: \$	
\square A College priority as determined by the Board of Trustees (unrestricted)			OR	
A new or existing fund:			$\hfill \square$ A percentage of my estate/account: percent.	
A department or program:			If based on a percentage, please estimate the current	
\square Please contact me to discuss how my gift could be used.		used.	value of the gift to Bowdoin: \$	
ATTACHE	D IS:			
☐ A copy of m	or ACCOUNT: □ retirement account □ retirement acco	in-interest of a percentage o	of my donor-advised fu	
NEXT OF	KIN:			
Name:		Address:		
Telephone:		Email:		
DEDCOM	WILL WILL HANDLE MY ESTAT	AFFAIRC		
PERSON	WHO WILL HANDLE MY ESTATE	: AFFAIRS:		\square Same as next of kin
Name:		Address:		
Telephone:		Email:		
ADDITIO	NAL INFORMATION:			
				SUBMIT ONLINE:
				bowdo.in/document-it
				RETURN BY MAIL:
SIGN AND	DATE:			Office of Gift Planning
				Bowdoin College 4100 College Station
	:			Brunswick, Maine 04011
Signature(s):		Date	e:	RETURN BY EMAIL:
This gift qualifies y	ou for membership in the Bowdoin Pines Society.			giftplanning@bowdoin.edu
Bowdoin recognize	es that this gift is subject to change depending on pers	Soriai	THIS GIFT IS:	
and economic circumstances. This form is not intended to be a legally binding pledge, and any information provided will remain confidential.		inuing	Not anonymous	FOR QUESTIONS AND MORE INFORMATION:
			Anonymous	207-725-3172





bowdoin.edu/gift-planning