Documenting Your Provision for Bowdoin

Name(s):		Class Year(s):
Address:		City:
State: Country:	Postal code: _	Date(s) of Birth:
Telephone:	Email:	
GIFT TYPE:		BOWDOIN WILL RECEIVE THIS GIFT:
☐ 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:		
I WOULD LIKE MY GIFT TO SUPPORT:		THIS PROVISION IS STATED AS:
☐ A College priority as determined by the Board of Trustees (unre	notriotod)	☐ A specific dollar amount: \$OR
☐ A college priority as determined by the Board of Trustees (united) ☐ An existing fund:		☐ A percentage of my estate/account:percent.
A department or program:		If based on a percentage, please estimate the current
☐ Please contact me to discuss how my gift could be used.		value of the gift to Bowdoin: \$
AT'TACHED IS:		
TYPE OF ACCOUNT: retirement account investment acc A copy of my designation of Bowdoin as successor-in-interest of Other (provide details): NEXT OF KIN:	of a percentage of my do	onor-advised fund
Name:		
Address: Telephone:		
receptione.	Eman.	
THE PERSON WHO WILL HANDLE MY E	STATE AFFAIRS	(EXECUTOR OR PERSONAL
Name:		
Address:		
Telephone:	Email:	
☐ Same as next of kin		
SIGN AND DATE:		RETURN BY MAIL:
Print name(s):		Office of Gift Planning
Signature(s):		Bowdoin College 4100 College Station
Date:		Brunswick, Maine 04011
Bowdoin recognizes that this gift is subject to change depending on personal and	THIS	GIFT IS: RETURN BY EMAIL:
economic circumstances. This form is not intended to be a legally binding pledge	e,and any	gıftplannıng@bowdoin.edu
information provided will remain confidential.	□ Not And	FOR QUESTIONS AND
This oift qualifies you for membership in the Bondoin Pines Society	☐ Anonym	nous MORE INFORMATION:





207-725-3172 bowdoin.edu/gift-planning