Planned Giving Statement of Intent

This statement is an expression of my intent to provide for the future of Le Moyne College through a planned or estate gift. The provision(s) made include the following:

____ An outright bequest upon the passing of the donor, or the passing of the donor and spouse.

____ A life insurance policy, in which Le Moyne is a beneficiary or owner and beneficiary.

____ Retirement assets, in which Le Moyne is a beneficiary.

____ A trust agreement, with income reserved for the donor, spouse, or other income beneficiary.

____ Other (please specify) 

____ Le Moyne College is a contingent beneficiary with the above marked gift

Value - The estimated value of my gift is:

❑ $____________

❑ ________ percentage of my estate, currently valued at $______________ for Le Moyne College.

❑ ________ percentage of my retirement plan/life insurance, currently valued at $______________ for the College.

Purpose-
My planned gift is intended:

____ To be used at Le Moyne College's discretion, to create the greatest impact in our community by supporting its most compelling needs and opportunities.

____ For the following existing fund(s) or purpose: 

Special circumstances of my gift include:
**Documentation**
Yes, I/we will share a copy of the portion of the will that applies to the College or the trust agreement or Change of Beneficiary Form (401k, 403b, IRAs, Insurance) in which Le Moyne College is named.

**Recognition**
Le Moyne College appreciates the opportunity to acknowledge your commitment to the community by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

- I (we) permit Le Moyne to use my/our name(s) in printed lists of planned gifts, which may appear in annual reports, newsletters, web sites and/or other publications.

- I (we) prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.

- I (we) prefer to remain anonymous during and after my/our lifetime(s).

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**Donor Signature**

Date

**Spouse’s Signature**

Date

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Address: __________________________________________

City: __________________________ State: ___________ Zip Code: ____________

Phone: (H) __________ (W) __________ (C) __________

email: __________________________

Dates of Birth:

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Thank you for your commitment to Le Moyne College and your investment in its future. If you have any questions, please contact Kate Cogswell ’85, J.D.
(315) 445-6124 | cogswek@lemoyne.edu