

Notification of Bequest Intention Form

Name(s) _____ Class Year _____ Date of Birth _____

A conservative estimate of the current value of my/our bequest is \$ _____

Description of type of provision: e.g., specific dollar amount, percentage of estate/property, description of gift property, designation, etc.

My/our bequest intention is made through the following:

☐ Will ☐ Trust ☐ Life Insurance ☐ Donor Advised Fund

☐ Retirement plan assets [e.g., IRA, 401(k), 403(b)] ☐ Other Account

☐ I/we wish for this gift to be anonymous, such that my/our names will never be published by the College in connection with bequests.

☐ I/we understand that Wellesley 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 _____

Optional: Please provide contact information of an executor, power of attorney, professional advisor, relative or close friend:

Name: _____ Tel: _____ email: _____

Address: _____

Please return this form and relevant documents to:

**Office of Gift Planning
106 Central Street
Wellesley, MA 02481**

**For more information, please contact us at
781-283-2235 or giftplanning@wellesley.edu**

