

MY GIFT WILL BE RECEIVED:

Upon my death
Upon the death of my surviving spouse
Other: _____

PROVISION VALUE:

A specific dollar amount: \$ _____

A percentage of my estate Postal Date(s) of Birth: _____

Email: _____

Telephone: _____

ATTACHED IS:

A copy of my will or trust provision pertaining to my bequest to Bowdoin
A copy of my provision designating Bowdoin as a beneficiary of a percentage of an account or financial instrument I own
I DICA E U E FACCE : retirement account investment account life insurance policy other: _____
A copy of my designation of Bowdoin as successor-in-interest of a percentage of my donor-advised fund
Other (provide details): _____

NEXT OF KIN:

Name: _____ Address: _____
Telephone: _____ Email: _____

PERSON WHO WILL HANDLE MY ESTATE AFFAIRS:

Same as next of kin

Name: _____ Address: _____
Telephone: _____ Email: _____

ADDITIONAL INFORMATION:

SIGN AND DATE:

Print name(s): _____
Signature(s): _____ Date: _____

This gift qualifies you for membership in the Bowdoin Pines Society.
Bowdoin recognizes that this gift is subject to change depending on personal
and economic circumstances. This form is not intended to be a legally binding
pledge, and any information provided will remain confidential.

THIS GIFT IS:

Not anonymous

SUBMIT ONLINE:

bowdo.in/document-it

RETURN BY MAIL:

Office of Gift Planning
Bowdoin College
4100 College Station
Brunswick, Maine 04011

RETURN BY EMAIL:

giftplanning@bowdoin.edu

FOR QUESTIONS AND MORE INFORMATION:

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

