



Fairfield
UNIVERSITY

Bellarmino Society

Notice of Enrollment and Intention

Office of Planned Giving
University Advancement
Fairfield University
1073 North Benson Road
Fairfield, CT 06824-5195
203-254-4020
plannedgiving@fairfield.edu

It is my/our pleasure to inform the Office of Planned Giving that I/we have made provisions for a gift to benefit the future of Fairfield University. The University acknowledges that this gift is fully revocable and may be modified at any time.

I/We have provided for the future of Fairfield University by making the following gift(s):

- A gift through a will or living trust
- Retirement account beneficiary
- Charitable remainder trust
- Life insurance beneficiary
- Charitable lead trust
- Other (please specify): _____

The estimated value of my gift is currently \$_____.

Fairfield University recognizes that values are subject to change and dependent on unforeseen circumstances.

I/We have directed that my/our gift be used:

- for the general benefit of the University, wherever the need is greatest; or
- for the specific purpose of: _____.

Will this gift be distributed upon the passing of any additional persons? If so, please share the name, relationship and birth date of each individual: _____

Donor Name: _____ Birth Date: _____ Class Year: _____

Donor Name (if joint gift): _____ Birth Date: _____ Class Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

The Bellarmino Society recognizes those individuals who have helped assure the future of Fairfield University and its Jesuit mission by including the University in their estate plans.

- You may include my/our name(s) in any published list of Bellarmino Society members.
- I/we wish to be listed as "Anonymous".

Print Name: _____ Print Name: _____

Date of birth: _____ Date of birth: _____

Signature: _____ Signature: _____

Date signed: _____ Date signed: _____

All information provided is confidential and will be used for internal purposes only.