



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 amount of my gift is \$ _____

For percentage based gifts, please provide an estimate of the gift's value as of today's date.

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

Please provide the name and contact information of your attorney, trustee, or executor:

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: _____

Are there any contingencies that must be fulfilled in order for this gift to take effect? If yes, please explain:

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

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

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

The Bellarmine 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 Bellarmine Society members.
- I/we wish to be listed as "Anonymous".

Signature: _____ Date signed: _____

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