



FAIRFIELD THE UNIVERSITY

# BELLARMINE SOCIETY Enrollment

Office of Planned Giving  
Bellarmine 312  
Fairfield University  
1073 North Benson Road  
Fairfield, CT 06824  
(203)254-4020

***It is my pleasure to inform the Office of Planned Giving that I have made a legacy gift to support the future of Fairfield University. I understand, and Fairfield acknowledges, that this form is in no way legally binding on me or my estate and that my gift is fully revocable and may be modified at any time. This form does not obligate me to make a legacy gift to Fairfield as part of my final estate plans.***

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

- |  |   |
|--|---|
| <input type="checkbox"/> Gift through a will or living trust | <input type="checkbox"/> Artwork* (please specify): _____ |
| <input type="checkbox"/> Retirement account beneficiary      | <input type="checkbox"/> Charitable remainder trust       |
| <input type="checkbox"/> Life insurance beneficiary          | <input type="checkbox"/> Other (please specify): _____    |

☐ My gift is a specific dollar amount of \$ \_\_\_\_\_; or

☐ I estimate the current value of my gift to be \$ \_\_\_\_\_. Fairfield University recognizes that this is solely a good faith estimate based on my gift's current value and that the value of my gift will likely change over time.

**I have directed that my gift be used:**

- ☐ for the general benefit of the University, wherever the need is greatest; or
- ☐ for the specific purpose of: \_\_\_\_\_

Any other gift information: \_\_\_\_\_

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 will help assure the future of Fairfield University and its Jesuit mission by including the University in their estate plans.**

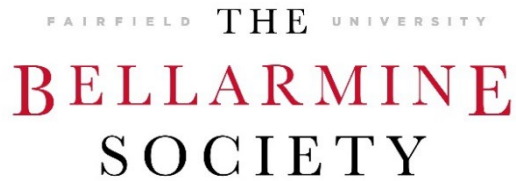
☐ You may include my/our name(s) in any published list of Bellarmine Society members as:

☐ I wish to be listed as "Anonymous"

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*\*Please note we suggest a gift of 5% of your artwork's value to help maintain your gift of art. Thank you.*



Office of Planned Giving  
Bellarmine 312  
Fairfield University  
1073 North Benson Road  
Fairfield, CT 06824  
(203) 254-4020

*Please use this space to tell us about your Fairfield experience, what inspired you to so generously include the University in your estate plans, your life after Fairfield, career highlights, hobbies or any other*

***information about your gift or yourself that you would like to share with us (optional):***

[illegible]

***Would you be willing to provide a testimonial to inspire other donors to include Fairfield in their estate plans?***

☐ Yes ☐ No

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