# CONFIDENTIAL INTENTION FORM



#### Dear Donor,

We realize that many people who plan to support WPI through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Lynne Feraco

Executive Director of Gift Planning

Phone: 508-831-6675 Email: lferaco@wpi.edu

## Planned Gift Notification- Confidential

#### **Personal Information**

Name:			
Spouse Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Date(s) of Birth:			

## Your Gift Intention

		nd attach a copy of the documentation or appropriate e. Please complete all that apply.
☐ I/We want to support t	he mission of WF	I through a planned gift as described below:
☐ I/We have include	ed a bequest for	WPI in my/our will or living trust.
I/We have named	WPI as a benefi	iciary of an asset:
Retirement	Plan [	Bank, Investment, or Other Financial Account
Life Insuran	ce Policy	Other:
☐ I/We have named remainder trust.	WPI as a revoca	able/irrevocable (circle one) beneficiary of a charitable
	ble, please includ	be approximately \$ or% de a copy of the bequest language or other wording
	•	e gift provision (such as, asset to be donated if other sed, whether gift is to create an endowment, etc.):
Yes, you may include	me/us in listings	of planned gift donors.
Please indicate how you v (Please note the amount of		ame(s) to appear in our <b>The Alden Society</b> listings. <i>gift will not be published</i> ):
No, please do not incli	ude me/us in listi	ngs.
Signature(s):		
Date:	_	

Return form to:
Lynne Feraco
Executive Director of Gift Planning
Worcester Polytechnic Institute
100 Institute Road
Worcester, MA 01609
Phone: 508, 831, 6675

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