## **Planned Giving Intent Form**



#### Thelma Albright Legacy Society

Thank you for sharing your plans with Queens!

Donor Name (1):		Date of birth:
Donor Name (2):		Date of birth:
Address:		
City:	State:	Zip:
Phone:		
Email:		
Degree(s) & Class Year(s	) if applicable:	
Estimated Gift Value (as	of this date):	
This gift will be distribut	ted from:	
Bequest		
Living Trust		
Charitable Remainder Trust		
Life Insurance		
IRA, Retirement Pla	an, Investment Account	
Other		

**Additional Gift Description** (please include any additional information such as account/policy number, company name, contingent or primary beneficiary, percentage or specific asset/dollar amount):



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To help administer your future gift, please include:

A copy of the applicable legal document(s) (will, trust, beneficiary designation, etc.)

A copy of the gift provision applicable to Queens

Contact information for your personal representative or trustee

I/we designate this gift to benefit the following:

#### Gift Recognition:

I/we want this gift to be publicly acknowledged, including as a member of the Thelma Albright Legacy Society

I / We wish for this gift to be anonymous

Signature Donor 1:	Date:
Signature Donor 2:	Date:

Queens University of Charlotte understands that the current estimated value of your gift may change over time and would appreciate notification of such changes as they occur. Queens also understands that your gift is made effective by the applicable legal document and that this form is for recording purposes only. Any documents or information you share will be kept confidential.

**Tim Rogers**, Associate VP for University Advancement, is available to answer any questions. Please contact him at 704-337-2273 or rogerst@queens.edu.

# Thank you!

Completed forms can be sent to:

Queens University of Charlotte University Advancement 1900 Selwyn Avenue Charlotte, NC 28274

