

LEGACY GIFT INTENTION CONFIRMATION

I am pleased to inform you I have included Mount Allison University as a beneficiary of my estate plans as follows:

🗌 Bequest (Will)	□ Life Insurance Policy	□ Retirement Plan (RRSP/RRIF)	\Box Gifts of Stock	□ Other:
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I confirm my gift is to be directed to: Unrestricted use Designated purpose (please specify): ______

If you choose to direct your legacy gift to a specific fund, please ensure your will reflects the same purpose as your will supersedes all other instructional documents.

Estimated current value of gift: >		
ABOUT YOU		
Full Name(s):		Class Year:
Address:		
Email:	Phone #:	
Signature:		Date:
Signature:		Date:

I understand that this declaration of intent is not legally binding and does not replace a will or life insurance policy; however, it does signify my commitment to the continued viability of Mount Allison University.

RECOGNITION

Mount Allison would like to recognize and honour your commitment. Please indicate the recognition you would be comfortable with.

	Name appears on donor wall	(If yes	please indicate how you wou	ıld like to appear)	
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Name(s) that should appear: _____

Legacy Giving Society membership — receive exclusive updates and invitations from the University

Share your story — your decision to give can inspire others, we would like to contact you to discuss your story and how we might share it with our community

THANK YOU

Thank you for your future support of Mount Allison University. Giving to Mount Allison through your estate is an extraordinary opportunity to support future generations.