AGNES SCOTT

Record of Legacy Gift Intention

This Record of Gift Intention is non-binding, for record keeping purposes only and will remain confidential.

Donor Name:		Class Year:	_ Date of Birth:
Spouse/Partner Name if Joint Gift:			_ Date of Birth:
Donor Address:			
Phone:	_Email:		

Gift Information:

I have made a provision to benefit Agnes Scott College as follows:

Agnes Scott College is named as beneficiary of a:

Please designate my future gift as follows:

□ My/our gift is unrestricted and may go to any purpose that supports the mission of the College.

□ To benefit an existing fund:

If, in the opinion of the Board of Trustees of the College, all or part of the gift cannot appropriately be used in this manner, Agnes Scott may use the gift for other purposes as nearly aligned with my/our original intent as the Board deems appropriate under the circumstances.

□ To create a new fund. If you wish to create a new fund, please contact Lee Davis, senior associate director of leadership and legacy gifts, at 404.471.5448 or ldavis@agnesscott.edu to confirm that your gifts meet minimum endowment requirements and to create a Legacy Gift Agreement outlining the criteria for use of the gift.

Donor Recognition Preferences:

All donors of future gifts become members of the Frances Winship Walters Society. To ensure your recognition preferences are honored, please select one of the following options:

- □ The College has permission to publish my/our name(s) along with other Frances Winship Walters Society members in the annual Philanthropy Report and other publications as appropriate.
- □ Please do not publish my/our name(s) in the annual Philanthropy Report or any other publications in relation to this planned gift.

Documentation and Notification of Change:

Please provide copies of any documents that include provisions for Agnes Scott College. If aspects of my provision for Agnes Scott College should change, I will notify a representative of the College.

I would like to designate the following as successor recipient(s) of any information relating to my gift:

Name:	Relationship to Donor:			
Address: Phone:]			
D				
Donor Signature	Date	Donor Signature	Date	

Please return a signed original of this form to the Office of Development, and keep a copy for your records. Lee Davis, Senior Associate Director of Leadership and Legacy Giving | 404.471.5448 | ldavis@agnesscott.edu Agnes Scott College | 141 East College Avenue, Decatur GA 30030-3770 | Federal Tax ID number: 58-0566116