

CONFIRMATION OF YOUR LEGACY GIFT

This form will assist you to provide information about your planned gift to the Central Connecticut State University Foundation. By sharing this information, you can help ensure that your gift will be used in accordance with your future wishes and philanthropic intent.

Name(s):		
Alumni Class Year(s):		
Address:		
Date(s) of Birth		
Email:		
Phone:		
☐ Will ☐ Revocable "Livir	d gift (please attach a copy of the relevant png" Trust □ Retirement Account □	
☐ I have attached a copy of I	my documentation	
•	Connecticut State University to use to populational, and/or a designated so	. •
(*All information will be kept	of the current value of your planned confidential. This estimate does not or %_	bind you or your estate in any way.)
The Legacy Society: Your plan	nned gift entitles you to become a mar planned gift to be anonymous.	ember of The Legacy Society.
Signature	 	



Please note that this document does not bind you or your estate. By signing this form, you are simply:

- a. acknowledging your current plans to benefit Central Connecticut State University in the future, and
- b. providing guidance as to your future philanthropic wishes. Thank you.

Please mail this form and direct any questions to:

Office of the Vice President for Institutional Advancement Central Connecticut State University 1615 Stanley Street | New Britain, CT 06050

Optional language:

