

## PLANNED GIFT INFORMATION FORM

CONFIDENTIAL AND NON-BINDING

Name			School(s) and	d Year(s)
Street Address,	City, State, Zip Code			
Telephone	Email Address		Date of Birth	1
Spouse's Name			Spouse's Dat	te of Birth
	support Boston Univer oston University in my	•	l would like to share that ate plans as follows:	at I/we have made
Wi Tr IR			Charitable Tellife Insurance  Other (please	ce Policy
			nders, please provide a go	ood-faith estimate of the
Gift Designation	on:			
☐ Yes, please w		<b>Claflin</b>	•	e/us in member lists er to remain anonymous
	<u> </u>		share with us (continge planning advisor, etc.):	ency provisions related
Signature	Da	ate	Signature	Date

Thank you for your support. We recognize that your circumstances and the estimated gift values you provide can change over time and we appreciate details of your arrangements to help us insure that your wishes are followed. We would welcome for our confidential records a copy of the section of your will, trust agreement, or other documents pertaining to Boston University. Having this information on file will help us to fulfill your philanthropic wishes.