



DECLARATION OF PHILANTHROPIC INTENT FORM

Thank you for your intention to include Walsh College in your estate plan. In order to accurately document your intention, please share as much information as possible.

Please note that completing the form does not create a binding obligation and has no effect other than ensuring that, when the future gift is made, the funds will be used as you intend. This information will be held in the strictest confidence.

Gift Recognition

In recognition of your gift, Walsh College will enroll you in the *Archie Waring Society*, which honors all donors who include Walsh College in their estate plans and serves as motivation for others to consider legacy gifts.

- Please list my/our name(s) as follows:

- I/we prefer my/our intentions to remain anonymous.

Gift Agreement

- I/We have signed a Gift Agreement with Walsh College for this gift and have made no changes to the designation or purpose.
- No Gift Agreement – Briefly describe how your gift should be used.

Description and Value of Gift – Please indicate below (by checking applicable options), how your future gift intention will be fulfilled and provide the estimated value for Walsh College:

<u>Description</u>	<u>Amount or Percentage</u>	<u>Estimated Amount of Gift to Walsh College</u>
<input type="radio"/> Will or Trust	_____	_____
<input type="radio"/> Remainder of Retirement Fund/IRA	_____	_____
<input type="radio"/> Life Insurance Policy	_____	_____
<input type="radio"/> Charitable Gift Annuity	_____	_____
<input type="radio"/> Charitable Remainder Trust	_____	_____
<input type="radio"/> Other Item or Asset in the amount of _____ Please describe (for example, private collection, real estate, securities, etc.):	_____	_____
<hr/>		
<input type="radio"/> Beneficiary – If Walsh College is a contingent beneficiary, please explain the conditions.		
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<input type="radio"/> Documentation – Please provide us with copies of any documents (or the relevant pages) that include provisions for Walsh College.		

Helpful Contact Information

Will or Trust – if your gift is included in a will or trust, please provide the following:

Executor(s) or Trustee(s)

Name and Address	Phone and /or Email
_____	_____
_____	_____
_____	_____

Beneficiary Designation - If your gift is directed by a beneficiary designation, please provide the following:

Administrator or Company

Name and Address	Phone and/or Email
_____	_____
_____	_____
_____	_____

Other Contacts and Relationships You Want Us to Know (Family, Attorney, etc.)

Name and Address	Phone and/or Email and Relationship
_____	_____
_____	_____
_____	_____

Your Information

Signature	Date	Signature	Date
_____	_____	_____	_____
Print Name		Print Name	
_____		_____	
Date of Birth	Class Year (if applicable)	Date of Birth	Class Year (if applicable)
_____	_____	_____	_____
Address		Address	
_____		_____	
City, State, Zip		City, State, Zip	
_____		_____	
Email and Phone Number		Email and Phone Number	
_____		_____	

Please return/send this form and all supporting documentation to:

Office of Gift Planning
Walsh College
3838 Livernois
Troy, MI 48083
or
Fax to: (248) 689-0996

Please contact us with any questions.

Phone: (248) 823-1368

Email: joimpellizzeri@walshcollege.edu