



# Planned Gift

Confidential Declaration of Intent

*This form is not a legal obligation and is non-binding. You may modify or revoke these plans at any time.*

\_\_\_\_\_  
Donor Name Birth Date

\_\_\_\_\_  
Co-Donor / Spouse / Partner Name Birth Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name(s) As It (They) Should Appear for Recognition Purposes (Please write "anonymous" if you do not wish to be listed)

**I have included or plan to include the Sultana Education Foundation in my:**

- Will     Trust     Charitable Gift Annuity     Life Insurance Policy
- IRA/Other Retirement Assets     Charitable Remainder Trust     Pooled Income Fund
- Other \_\_\_\_\_

**I will gift to the Sultana Education Foundation**

- \_\_\_\_\_% of my residuary estate,  \_\_\_\_\_ dollars.
- the rest and residue of my estate (after other bequests or designations are named).
- I prefer not to share details at this time.

**Gift Restrictions**

- My gift is unrestricted and can be used by the Sultana Education Foundation where needed.
- My gift is designated to the Sultana Education Foundation's Permanent Endowment.
- My gift is designated to the Sultana Education Foundation's Board Designated Endowment.

**Sultana Legacy Circle:** *Individuals and families who have made a planned gift to the Sultana Education Foundation are recognized with membership in the Sultana Legacy Circle.*

- Yes, please include me as a named member of the Sultana Legacy Circle
- Yes, please include me as a member of the Sultana Legacy Circle, but list me as "Anonymous"

**Signature**

Donor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Post Office Box 524 - Chestertown, Maryland 21620

410.778.5954 - (fax) 410.778.4531