



Confidential Bequest Notification Form

Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Home Phone: _____ Email: _____

Siena Heights University Degree: _____
Degree(s) Year

Spouse: _____
Degree(s) Year

My/our will and other estate planning documents, which include a provision for Siena Heights University, were executed on

_____/_____/_____
Month Day Year

Type of Bequest:

_____ Specific Amount _____ Percent of Estate (_____ %) _____ Remainder of Estate

Type of Planned Gift (i.e. Annuity, Trust, Life Insurance, Etc.): _____

To help Siena Heights University plan for the future:

The approximate amount of my /our bequest, based on today's value, is: \$ _____

Purpose of gift: _____

Attorney/Advisor Name: _____ Work Phone: _____

Firm's Name: _____

Address: _____
Street City State Zip

_____ *I/We prefer the terms of this gift remain private, but do not mind being acknowledged by Siena Heights University for my /our commitment in future 1919 Society listings.*

* Please list how you would like your name to appear: _____

_____ *I/We prefer the terms of this gift remain anonymous and wish to not be included in the 1919 Society listings.*

Signature

Date

Signature

Date