STEVENS LEGACY SOCIETY

Fax: (201) 216-8247

Confidential Statement of Planned Gift Provision



NAME(S)		
ADDRESS		
In support of Stevens Institute of Technology and its his my financial or estate planning:	toric mission, I have mad	de the following provision(s)* in
Type of Provision		Estimated Amount [Approximate Current Value]
[] An outright bequest in my will		\$
[] A contingent bequest in my will		\$
[] A provision in the will of the survivor of my spouse and myself		\$
[] A gift of the assets in my retirement plan after my lifetime		\$
[] A life insurance policy		\$
[] A living trust naming Stevens Institute of Technology as beneficiary (please identify the income beneficiaries or describe other conditions):		\$
[] A trust under my will naming Stevens Institute of Technology as beneficiary (please identify the income beneficiaries or describe other terms):		\$
[] Other provision (please specify nature and terms):		\$
	Total:	\$
There is a restriction on my gift provision(s); it is to be used for:		
Please list my name in any listings of the Stevens Legacy Society as:		
In the event that unforeseen circumstances necessitate my intention to so advise Stevens Institute of Technolog	•	n(s) I have described above, it is
<u>X</u>	X Beth McGrath	
Date	Beth McGrath Vice President for Universelations/Chief of Staff	ersity
Please return signed form by mail or fax to:	Relations/ Chief of Stall	
Development and Alumni Engagement Stevens Institute of Technology 1 Castle Point on Hudson Hoboken, NJ 07030	Questions? Call Micha at (201) 216-8967 Michael.Governor@st	

* Any attachments providing details – such as the page from your will that mentions Stevens – would be greatly appreciated.