



Date of Birth_____

This form is to help you provide information about your future gift to Occidental College. By sharing this information, you help to ensure that your gift will be used as you intended. This document will be kept confidential.

I/We have included Occidental College in my/our estate plans through one or more of the

TYPE OF GIFT

following planned gifts:

01 0			
Bequest in will or revocable trust	for the dollar amount of	\$	
Bequest for% of my estate; estimated value of		\$	
Retirement plan beneficiary d	esignation; estimated value of.	\$	
Insurance policy beneficiary designation; benefit of		\$	
Other; estimated value of		\$	
Many donors feel most confident provide Occidental College with a co We welcome documentation of your bequest language, please indicate be	opy of the section of the will that p gift in this way. If you prefer not	ertains to their gift.	
DONOR RECOGNITION			
List name(s) on donor honor roll	as:		
I/We prefer to be anonymous.			
Name (PRINT)	Date of Birt	Date of Birth	
Signature	Date		

Thank you for your thoughtful investment in the future of Occidental College. As with any decision involving your estate, we recommend that you seek the advice of professional counsel. Your signature verifies only that the above information is accurate and in no way binds you to your commitment.

Signature _____