



# BELLARMINESOCIETY Enrollment

Office of Planned Giving  
Bellarmine 304  
Fairfield University  
1073 North Benson Road  
Fairfield, CT 06824  
(203)254-4020

*It is my pleasure to inform the Office of Planned Giving that I have made a legacy gift to support the future of Fairfield University. I understand, and Fairfield acknowledges, that this form is in no way legally binding on me or my estate and that my gift is fully revocable and may be modified at any time. This form does not obligate me to make a legacy gift to Fairfield as part of my final estate plans.*

I have provided for the future of Fairfield University by making the following gift(s):

- Gift through a will or living trust
- Retirement account beneficiary
- Life insurance beneficiary
- Artwork\* (please specify): \_\_\_\_\_
- Charitable remainder trust
- Other (please specify): \_\_\_\_\_

- My gift is a specific dollar amount of \$ \_\_\_\_\_; or
- I estimate the current value of my gift to be \$ \_\_\_\_\_. Fairfield University recognizes that this is solely a good faith estimate based on my gift's current value and that the value of my gift will likely change over time.

I have directed that my gift be used:

- for the general benefit of the University, wherever the need is greatest; or
- for the specific purpose of: \_\_\_\_\_

Any other gift information: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Class Year: \_\_\_\_\_

Donor Name (if joint gift): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Class Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**The Bellarmine Society recognizes those individuals who will help assure the future of Fairfield University and its Jesuit mission by including the University in their estate plans.**

My/our name(s) should be written on our Bellarmine Society certificate as:

- I/we wish to be listed in any published list of Bellarmine Society members as "Anonymous".

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

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

*All information provided is confidential and will be used for internal purposes only.*

*\*Please note we suggest a gift of 5% of your artwork's value to help maintain your gift of art. Thank you.*

