

Statement of Commitment Estate Provision

CONFIDENTIAL



Name: _____ Class year(s) _____

Spouse: _____

Mailing Address: _____

NUMBER

STREET

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

Home phone #: () Cell phone #: ()

Email: _____

Birth Date: _____ Spouse Birth Date: _____

MONTH / DAY / YEAR

MONTH / DAY / YEAR

☐ YES, I/we have named **Regis College** as a beneficiary in one or more:

- ☐ Will ☐ Trust ☐ IRA, pension, or other retirement account
☐ Life insurance policy ☐ Donor-advised fund ☐ Other (please specify) _____

Gift Amount: _____ Gift Designation: _____

For provisions reflected as percentages and remainders, please provide a good-faith estimate of the current gift value.

Will this gift to **Regis College** be distributed following the death ☐ YES ☐ NO
of any additional persons? (e.g. spouse, child, or sibling)

If yes, please share the name, relationship, and birth date of each individual.

☐ I/we may be included in published lists of Catherine Burke Society members.

☐ I/we prefer to remain anonymous.

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Your signature verifies that the above information is accurate as of this date. This form is a statement of commitment, but to officially welcome you into the Catherine Burke Society, a copy of the relevant document naming Regis College as a primary beneficiary: e.g., pages of will or trust referencing Regis College, beneficiary designation form from life insurance or retirement plan, is required.

Thank you!

Please return this completed form to:

Office of Institutional Advancement | 235 Wellesley Street, Weston, MA 02493
781.768.7220 | advancement@regiscollege.edu | alumni.regiscollege.edu/burkesociety



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