

# 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 of any additional persons? (e.g. spouse, child, or sibling)**  YES  NO

*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](http://alumni.regiscollege.edu/burkesociety)

