



Confidential Bequest Intention

B R Y A N T U N I V E R S I T Y

Please complete this form to help ensure that your wishes are fulfilled and so that we may recognize and honor you as a member of the Bryant University 1863 Society.

Personal Information			
Name Spouse Name			
Address			
E-mail	Home Ph	Bus. P	h
Class(es)	Date(s) o	of Birth	
Your Gift Intention			
Please provide the following information or trust, if available. Please complete all		:umentation or appropi	riate language from your will
☐ I/we have provided for a bequ	est to Bryant University in	the amount of \$	
– Or –			
☐ My/Our current estate plan states that Bryant University will receive percent of my/our estate with a current estimated value of \$			
\square Note that my/our bequest dep	ends upon a contingency,	such as the prior death	of a spouse or partner.
Please indicate how you would like your your intended gift will not be published)		r 1863 Society listings (please note the amount of
☐ I/We wish to remain anonymous			
Signature(s)			
Date			
This form does not bind you or your estevariables can change the specifics of plotheir attorney and/or financial advisor. If at (401) 232-6250.	anned gifts, donors should	d review their circumsta	nces and objectives with
Mail to:			
Bryant University Office of Development 1150 Douglas Pike Smithfield, RI 02917-1284	Questions? Please contact a member of our Development Team at: Phone (877) 353-5667 (U.S. only) or (401) 232-6250		

Fax (401) 232-6514