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CONFIDENTIAL

Name _____

Spouse _____

Class year(s) and school(s) _____ Parent year(s) _____

Mailing address _____

Telephone _____ Email _____

Date of birth _____ Spouse date of birth _____

U I / U We have named Boston College / D Z 6 F K R R ~~Original name of life:~~

U Will

U Trust

U Life insurance policy

U IRA, pension, or other retirement account

U Donor-advised fund

U Other (please specify) _____

Gift Amount _____ Gift Designation _____

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

Will this gift to Boston College / D Z 6 F K R R be distributed following the death of any additional persons (e.g., spouse, child, or sibling)?

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

Please enroll me in the Shaw Society:

U I / We may be added to the published list of Shaw Society members.

U I / We prefer not to be listed.

Donor Signature _____ Date _____

Donor Signature _____ Date _____

This form is used for _____

