Office of Gift and Estate Design Samford University 800 Lakeshore Drive Birmingham, AL 35229



205-726-2807 1-877-782-5867 toll-free csdavis@samford.edu www.samford.edu/legacy

ESTATE INTENTION FORM Confidential and Nonbinding

Name	_Class	Major	Birth Date
Name	_Class	Major	Birth Date
Address		City	State
Telephone (Home)	(Cell)		(e-mail)
As an indication of my/our support of Samford University, I/we are pleased to indicate that it is my/our intention to provide a gift estimated as follows:			
Description of Gift (type / value)			
☐ Bequest through will ☐ specific amount \$ ☐ other	_ percent	tage of estate	
☐ Beneficiary designation ☐ savings or checking account ☐ life insurance			☐ investment account
☐ Charitable trust (select one) ☐ unitrust ☐ annuity trust	☐ revocab	ole trust 🔲 lead	1 trust
☐ IRA or retirement plan beneficiary			
☐ Gift annuity			
☐ Other			
I/We have provided will provide of that portion of my/our wills(s) or other in			
With the understanding that values are subthis estate gift designation, at this time I/w \$in today's dollars	e estimate the		
☐ This is an update of a previously documented gift plan.			
Purpose of Future Gift			
☐ This gift is to be unrestricted and may be	e used where	the need is great	est at Samford.
☐ I/we wish to specify that the gift be used	l for the follo	owing purpose(s):	
Signature		Date	