

Dear Donor,

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We realize that many people who plan to support Quinnipiac University through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Greg Knott Associate Vice President of Development and Alumni Affairs Quinnipiac University Phone: 203.833.3321 Email: Gregory.Knott@quinnipiac.edu

Planned Gift Notification - Confidential

| ersonal Information Name: | | | |
|------------------------------|--------|------|--|
| Spouse Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Phone: | Email: | | |
| Date(s) of Birth: | | | |

Your Gift Intention

Please provide the following information and attach a copy of the documentation or appropriate language from your will or trust, if available. Please complete all that apply.

| I/We want to support the mission of described below: | Quinnipiac University through a planned gift as | | |
|---|---|--|--|
| I/We have included a bequest for | or QU in my/our will or living trust. | | |
| ☐ I/We have named QU as a ben | | | |
| Retirement Plan Bank, Investment, or Other Financial Account | | | |
| Life Insurance Policy | Other: | | |
| I/We have named QU as a revore remainder trust. | ocable/irrevocable (circle one) beneficiary of a charitable | | |
| The anticipated value of my/our gift is/w of my/our estate. (<i>If possible, please inc</i> <i>describing your planned gift.</i>) | vill be approximately \$ or% clude a copy of the bequest language or other wording | | |
| | the gift provision (such as, asset to be donated if other used, whether gift is to create an endowment, etc.): | | |
| Yes, you may include me/us in listing | | | |
| Please indicate how you would like your (Please note the amount of your intended) | r name(s) to appear in our Tower Society listings. ed gift will not be published): | | |
| No, please do not include me/us in li | istings. | | |
| Signature(s): | | | |
| Date: | | | |
| | Return form to: Greg Knott Associate Vice President of Development and Alumni Affairs Quinnipiac University 275 Mount Carmel Avenue, Hamden CT 06518-1908 Phone: 203.833.3321 | | |

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