CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support University of Delaware 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.

Megan Cantalupo Director of Estate Administration and Strategy University of Delaware Phone: 302-831-3822

Email: mccantal@udel.edu

Planned Gift Notification- Confidential

Personal Information

Name:			
Spouse Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Date(s) of Birth:			

Your Gift Intention

appropriate lang	the following information and o guage from your will or trust, if to support the mission of Unive	available. Please compl	ete all that apply.
described be	• •	isity of Delaware Infoug	gri a piaririea giri as
☐ I/We ho	ave included a bequest for UD	in my/our will or living tr	ust.
☐ I/We ho	ave named UD as a beneficiary	of an asset:	
	etirement Plan Ba fe Insurance Policy Ot	nk, Investment, or Other	Financial Account
☐ I/We ho	ave named UD as a revocable/ ble remainder trust.		beneficiary of a
	I value of my/our gift is/will be (If possible, please include a co planned gift.)		
	a general description of the gif curities, how gift is to be used,		
Yes, you may	y include me/us in listings of pl	anned gift donors.	
	how you would like your name amount of your intended gift		llon Circle listings.
☐ No, please d	do not include me/us in listings.		
Cincardo ma (a)			
Signature(s):		_	
-		_	
Date:			

Return form to:
Megan Cantalupo
Director of Estate Administration
and Strategy
University of Delaware
220 Hullihen Hall, Newark, DE 19716
Phone: 302-831-3822

Email: mccantal@udel.edu