



## Leave Your Mark Legacy Challenge

*Amplify Your Generosity, Build Colby's Future*

### CONFIDENTIAL BEQUEST INTENTION FORM

Beginning in January 2022, individuals who will be 60 or older by June 30, 2023, and document a new planned gift for Colby College (such as a bequest intention or life-income gift) can have 10 percent of their gift's value matched with an immediate, outright gift (up to \$25,000) from an anonymous donor to support financial aid. The challenge will continue until we have reached the full amount of our donor's \$1-million gift commitment. Your future intent can have an immediate impact!

Thank you for remembering Colby in your estate plans. The Colby Legacy Society recognizes and celebrates Colby alumni, parents, and friends who choose to support the long-term success of the College in this important way.

Help ensure your gift intentions are understood and fulfilled by completing this confidential form:

#### Contact Information

\_\_\_\_\_  
Name and class year (printed)

\_\_\_\_\_  
Name and class year (printed)

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

#### Directing Your Colby Legacy Society Gift

I/We would like this gift to support:

- ☐ Colby's greatest needs as determined by the president and trustees
- ☐ Existing named scholarship fund/endowment: \_\_\_\_\_
- ☐ Department or program: \_\_\_\_\_
- ☐ Please contact me to discuss how my gift could be used

### Counting Your Colby Legacy Society Gift Toward the Campaign

Estimating the current value of your gift provision(s) assists Colby with its long-term financial and programmatic planning.

To ensure this, please provide an estimate of the current value of your gift as well as a copy of the relevant pages of your will or trust or a copy of your beneficiary designation form.

- |  |  |
|--|--|
| <input type="checkbox"/> Will: \$_____                       | <input type="checkbox"/> Insurance Policy: \$_____ |
| <input type="checkbox"/> Revocable Living Trust: \$_____     | <input type="checkbox"/> Real Estate: \$_____      |
| <input type="checkbox"/> Retirement Plan/IRA: \$_____        | <input type="checkbox"/> Other Asset: \$_____      |
| <input type="checkbox"/> Charitable Remainder Trust: \$_____ |  |
| <input type="checkbox"/> Additional Comments _____           |  |

### Trusted Contact Information

Providing your trusted contact person allows us to contact this person to address concerns about identity theft, personal fraud, or financial exploitation. We may also communicate about issues related to payments you may be entitled to receive, now or in the future, or for estate settlement.

Trusted Contact Person's Legal Name: \_\_\_\_\_  
Trusted Contact Relationship to Donor: \_\_\_\_\_  
Legal Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Recognizing Your Colby Legacy Society Gift

To recognize your generosity, we are honored to welcome you as a member of the Colby Legacy Society. To inspire similar giving, we may include information about your Colby Legacy Society membership in Colby publications from time to time. Please indicate your preference by checking all that apply.

- ☐ You may include my name as a Colby Legacy Society member.  
My/Our name(s) should appear as: \_\_\_\_\_

- ☐ You may also include the amount/details of my gift.  
☐ I prefer to remain completely anonymous.

Colby College does not intend this form to be legally binding on you, your heirs, or your estate. The College also realizes that your estate plans may change over time. If your plans change, please notify us so that we can update your record.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date