



Leave Your Mark Legacy Challenge

Amplify Your Generosity, Build Colby's Future

CONFIDENTIAL BEQUEST INTENTION FORM

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

Beginning in January 2026, individuals who document a new planned gift for Colby College (such as a bequest intention or life-income gift) will have 10 percent of their gift's value matched with an immediate, outright gift (up to \$50,000) from an anonymous leadership Colby couple to support financial aid. The challenge will continue until we have reached the full amount of our donors' \$1-million gift commitment. Your future intent can have an immediate impact!

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 and, if you are comfortable doing so, a copy of the relevant pages of your will or trust, or a copy of your beneficiary designation form.

- Will: \$ _____
- Revocable Living Trust: \$ _____
- Retirement Plan/IRA: \$ _____
- Charitable Remainder Trust: \$ _____
- Insurance Policy: \$ _____
- Real Estate: \$ _____
- Other Asset: \$ _____
- 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

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