

14000 Jericho Park Rd, Library 270 Bowie, Maryland 20715 301.860.4300 TEL 301.860.4163 FAX www.plannedgiving.bowiestate.edu

STATEMENT OF INTENT FOR AN ESTATE GIFT

As evidence of my my/our wish to provide for the future well-being of the Bowie State University, through the Bowie State University Foundation, I /we hereby inform you of my/our estate plans. I/we understand this commitment can be revoked or modified by me/us at any time.

Please ensure all documents list Bowie State UniversityFoundation as the bequest receiver.

Name:		Date of Bir	rth:		_/
Spouse/Partner/Other (if applic	able)	Date of Bir	rth:		_/
Address:					
City, State, Zip:					
Email:	Phone:				
	Life Insurance Policy Other	Charitable			
I/we estimate the current v (If your gift is a percentage of your stating an amount, my/our estate decrease, or revoke this bequest a	r estate, please estimate the ap is not legally bound by this stat	proximate current valu	ie). I/We ui		•
GIFT DESIGNATION:					
My gift has been designated to designation allow Bowie State				ifts wi	ith no
THE NELSON WELLS LEGACY SO I/We are pleased to be included commitment to support the Ur students. Please list my/our na I/We prefer the follow	d in the Nelson Wells Legacy niversity through an estate gi	Society, an integral g ft will help ensure th	e future e	excelle	
Please let us know if you have a Legacy Society activities (sports	any special interests so we ca	nn invite you to the a	ppropriat	e Nel:	
Date:// Signatur	e:				
Date:// Signature					