

LEGACY GIFT INTENTION CONFIRMATION

I am pleased to inform you I have included Mount Allison University as a beneficiary of my estate plans as follows:

- Bequest (Will)
- Life Insurance Policy
- Retirement Plan (RRSP/RRIF)
- Other:

I confirm my gift is to be directed to:

- MtA's Greatest Needs
- Designation (please specify):

I estimate the current value of this gift to be:

\$

THANK YOU

A gift in your will is a simple, thoughtful way to reflect your lifetime support for post-secondary education and your desire to have future students benefit from Mount Allison University.

If you choose to direct your legacy gift to a specific fund, we encourage you to reference this fund in your will.

ABOUT YOU:

Full name(s):

Address:

E-mail:

Phone #:

Signature:

Date:

Signature:

Date:

I understand that this declaration of intent is not legally binding and does not replace a will or life insurance policy; however, it does signify my commitment to the continued viability of Mount Allison University.

Recognition

Thank you for your future support of Mount Allison University. With your approval, your name, or family's name, will be listed on our donor wall.

Name(s) that should appear:

Date: _____

The personal information requested on this form is collected for the purpose of maintaining communication with alumni and supporters of Mount Allison University.

SHARE YOUR STORY

The story of your decision to give can inspire others. We would like to contact you to discuss your story and how we might share it to inspire giving to the University.

- Yes, please contact me about sharing the story of my decision to give.

Contact us for more information:

University Advancement
Mount Allison University
Centennial Hall
65 York Street
Sackville NB E4L 1E4
506-364-2343

donate@mta.ca

www.mta.ca/donate