

John Simmons Society Membership Profile CONFIDENTIAL

	I/We	,	, (desire	
to support Simmons University and to encourage others to do likewise. Therefore, in addition to gifts which have already been made to Simmons University or may be made in the future, I/we hereby declare that I/we have made provision for Simmons University in my/our estate plans as follows:					
I/We have made provision for Sim	mons Univ	versity through a:			
[] Will	[]	Charitable Trust			
[] Testamentary Trust	[]	Life Insurance Policy			
] IRA or Retirement Account[] Donor-advised Fund	[]	Other (please specify):			
Gift Amount: \$	* [Designation:	_		
*For provisions reflected as of the current gift value (at the Please welcome me/us into the Jo [] I/We may be listed as a mere [] I/We prefer our estate commercial structures.	he time of hn Simmo mber	this declaration): ons Society:	ease provide a good-faith es t	timate	
Please list my	y/our nam	ne(s) for recognition p	urposes as follows:		
Other helpful information you may provisions related to the gift, conta		_			
Signature	Date	Signature	Date		

We recognize that your circumstances and the estimated gift values you provide can change over time. We appreciate details of your arrangements to help us ensure that your wishes are followed. To assure our continued ability to fulfill your intentions, for our confidential records we would welcome a copy of your Will or Trust or the appropriate section(s) thereof, or relevant section(s) of other documents.

For more information, please contact: Simmons University, Office of Planned Giving, 300 The Fenway, Boston, MA 02115; telephone: 800-831-4284; fax: 617-521-3791; email: planned@simmons.edu

Simmons UNIVERSITY

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TELL US YOUR STORY

We encourage you to tell us what inspired your gift.			
Please tell us your story about your	Simmons experience and legacy.		

Simmons University
Office of Advancement
300 The Fenway
Boston, MA 02115