CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support Ursuline Academy through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Joe Ziska Chief Advancement Officer Ursuline Academy

Phone: 781-493-7711

Email: jziska@ursulineacademy.net

Planned Gift Notification- Confidential

Personal Information

Name:			
Spouse Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Date(s) of Birth:			

Your Gift Intention

	•	and attach a copy of the c ble. Please complete all th		appropriate
I/We want to below:	support the mission of	Ursuline Academy through	a planned gift as	described
	•	or Ursuline in my/our will on beneficiary of an asset:	r living trust.	
	etirement Plan fe Insurance Policy	☐ Bank, Investment, or ☐ Other:	Other Financial Ac	count
	ve named Ursuline as a ble remainder trust.	revocable/irrevocable (cire	c <i>le one)</i> beneficiar	y of a
	e. (If possible, please inc	ill be approximately \$slude a copy of the bequest		wording
	•	the gift provision (such as, used, whether gift is to cre		
Signature(s):				
Date:				

Return form to:
Joe Ziska
Chief Advancement Officer
Ursuline Academy
85 Lowder Street,
Dedham, MA 02026-4299
Phone: 781-493-7711

Email: jziska@ursulineacademy.net