

HERITAGE CIRCLE

In recognition of our/my strong belief and confidence in Goshen College, we/I confirm our/my intention to make a planned gift to Goshen College. We/I understand that all information listed below will be kept in strict confidence.

NAME(S)

ADDRESS

CITY

STATE

ZIP

PHONE

BIRTHDATE(S)

We/I have made the following provision for Goshen College in our/my estate plans:

BEQUEST

Residuary bequest to Goshen College

Percentage of residual estate _____%

Estimated value of bequest \$ _____

Outright bequest in my will \$ _____

Bequest subject to conditions (please describe)

GIFT ANNUITY

Initial amount \$ _____

Date started _____

TRUST ARRANGEMENT

(WITH GOSHEN COLLEGE AS A BENEFICIARY)

Present size of trust corpus \$ _____

Goshen College's percentage of remainder interest _____ %

Trustee(s) _____

RETIREMENT PLAN

(WITH GOSHEN COLLEGE AS A BENEFICIARY)

Estimated current value of Goshen College's portion \$ _____

LIFE INSURANCE POLICY

Estimated current value of Goshen College's portion \$ _____

Goshen College would like to use your gift in a way that **best honors you and your interests.**

How should Goshen College apply your gift?

- unrestricted
- general endowment
- other endowment _____
- restricted to _____
- Please contact me to discuss how Goshen College might use my (our) gift.

SIGNATURE DATE

SIGNATURE DATE

Please complete this form and return to the **Goshen College Development Office** (1700 S. Main St., Goshen, IN 46526).