

Dear Donor,

We realize that many people who plan to support Cardigan Mountain School 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.

Sandra Hollingsworth Director of Leadership and Planned Gifts Cardigan Mountain School Phone: 603.523.3745 Email: shollingsworth@cardigan.org

Planned Gift Notification- Confidential

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

Your Gift Intention

Please provide the following information and attach a copy of the documentation or appropriate language from your will or trust, if available. Please complete all that apply.

I/We want to described be	o support the mission of elow:	Cardigan M	lountain School t	hrough a planne	ed gift as		
I/We ha	ave included a bequest f	or Cardigan	in my/our will or	living trust.			
I/We ha	ave named Cardigan as	a beneficiar	y of an asset:				
	Retirement Plan Bank, Investment, or Other Financial Account						
Li	fe Insurance Policy	Other:					
	ave named Cardigan as ole remainder trust.	a revocable	/irrevocable (<i>circ</i>	c <i>le one)</i> benefici	ary of a		
	value of my/our gift is/w e. (If possible, please inc planned gift.)				% er wording		
	a general description of curities, how gift is to be	U	•				
🗌 Yes, you ma	ay include me/us in listing	gs of planne	ed gift donors.				
	how you would like you e amount of your intende	· · /			listings.		
☐ No, please o	do not include me/us in l	istings.					
Signature(s):							
Date:							
			Return form to Sandra Holling				

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