



Trust, Bequest, or Estate Gift Notification

George Mason University greatly appreciates your desire to provide future support through a bequest in your will or other estate gift. Your commitment will assist students seeking a quality education, support outstanding faculty as they teach and conduct impactful research, or enhance programs and facilities that advance excellence at Mason.

To ensure that your planned gift or bequest will be used in the future as you desire, we request that you document your intention on this notification form. This is very helpful for future records, but not a requirement. Please include only the information that you are comfortable sharing. Your information will be kept strictly confidential, and we will publicly recognize your legacy gift only with your approval.

DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (Mo./Yr.): _____ Spouse Date of Birth (if co-donor) _____

Email: _____ Telephone: _____

Bequest Information (This non-binding commitment is helpful to know how your future gift is to be allocated).

- I/we intend to make an outright bequest of \$ _____, to come from my/our ___ will/trust.
OR
- I/we intend to make a bequest of approximately _____% of my/our estate (estimated to be \$ _____).
- Gift Designation (purpose(s) for which your funds are to be allocated): _____
_____.
- For bequests that are to establish an endowment, please write the preferred endowment name(s):
(i.e., John A. & Mary B. Smith Scholarship/or Program Endowment for Undergraduate Study in Business)
_____.

TRUSTEE OR EXECUTOR INFORMATION (if applicable)

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

The **MASON LEGACY SOCIETY** honors alumni and friends who have informed the university of their intent to provide future support through a deferred or planned gift, of any amount, in support of George Mason University, including bequests, trusts, annuities, and other planned gifts. Please indicate your recognition preference and sign below:

___ Include my/our name(s) as: _____

___ I/we wish to remain anonymous.

Signature: _____ Date: _____

For information, contact:

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