

Erikson Institute

INTENT TO GIVE
Planned or Deferred Gift

Donor Name: _____

Donor Address:

Donor Telephone: _____

Donor Email: _____

Contact person (Trustee, Executor, etc.): _____

Contact Telephone: _____

Contact E-mail Address: _____

Gift Type

- Bequest by Will
- Beneficiary of IRA or Retirement Plan
- Life Insurance Proceeds or Beneficiary Designation

This planned or deferred gift is designated for:

- Unrestricted
- Area of greatest need
- Establish a Scholarship Account
- Area of interest: _____
- Program/Project: _____
- Other: _____

Please note any restrictions to your gift here:

Preferred donor recognition listing: _____

- I prefer to be anonymous.

Donor Signature

Date