CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support Harvard Graduate School of Design 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.

Joseph Chart Senior Major Gift Officer Harvard Graduate School of Design

Phone: 617-384-8604

Email: jchart@gsd.harvard.edu

Planned Gift Notification - Confidential

Personal Information

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

Your Gift Intention

	e following information will or trust, if avai				r appropriate
☐ I/We want to s	support the mission o	of Harvard Gr	aduate School	of Design throug	jh a planned
☐ I/We hav living trus	e included a bequest st.	for Harvard	Graduate Scho	ool of Design in m	ny/our will or
☐ I/We hav	e named Harvard Gr	adu at e Scho	ol of Design as	a beneficiary of	an asset:
Ret	irement Plan	Bank,	Investment, or	Other Financial	Account
Life	Insurance Policy	Other:			
	e named Harvard Gra eficiary of a charitabl		_	a revocable/irrev	vocable <i>(circl</i> e
	alue of my/our gift is/ (If possible, please ir lanned gift.)				
-	general description of urities, how gift is to be		•		
Yes, you may	include me/us in listi	ngs of plann	ed gift donors.		
	ow you would like yo note the amount of yo	` '		•	arren Society
No, please do	not include me/us in	ı listings.			
Signature(s):					
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Date:					

Return form to: Joseph Chart Senior Major Gift Officer Harvard Graduate School of Design One Bow Street, Suite 420, Cambridge, MA 02138

Phone: 617-384-8604

Email: jchart@gsd.harvard.edu