

NAME(S) _____

ADDRESS _____

In support of Stevens Institute of Technology and its historic mission, I/we have made the following provision(s)* in my/our financial or estate planning:

Type of Provision

Estimated Amount

[Approximate Current Value]

☐ An outright bequest in my/our will ☐ or living trust ☐ \$ _____

☐ A contingent bequest in my/our will ☐ or living trust ☐ \$ _____

☐ A provision in the will of the survivor of my spouse and myself \$ _____

☐ A gift of the assets in my retirement plan after my lifetime \$ _____

☐ A gift of the assets in my donor-advised fund succession plan \$ _____

☐ A life insurance policy \$ _____

☐ A trust under my will naming Stevens Institute of Technology as beneficiary \$ _____
(please identify the income beneficiaries or describe other terms):

☐ Other provision (please specify nature and terms): \$ _____

Total: \$ _____

There is a restriction on my gift provision(s); it is to be used for: _____

Please list my name in any listings of the Stevens Legacy Society as: _____

In the event that unforeseen circumstances necessitate a change in the provision(s) I have described above, it is my intention to so advise Stevens Institute of Technology.

X _____
Date

X _____
Beth McGrath
Vice President of University
Advancement/Chief of Staff
Date

Please return signed form by mail or fax to:

Division of University Advancement

Stevens Institute of Technology
1 Castle Point on Hudson
Hoboken, NJ 07030
Fax: (201) 216-8247

Questions? Call Michael Governor
at (201) 216-8967
Michael.Governor@stevens.edu

** Any attachments providing details – such as the page from your will that mentions Stevens – would be greatly appreciated.*