

I/we have made provisions in my/our estate planning for the benefit of The College of Wooster.

| Name(s) (please print)  |   |                                 |
|---|---|---------------------------------|
| Class/Year(s)   |   |                                 |
| Address   |   |                                 |
| City, State, Zip, Country   |   |                                 |
| Telephone   |   |                                 |
| E-mail  |   |                                 |
| I/we have provided for the future of The C  | College of Wooster in the following ma              | nner:                           |
| Provision in Will   | 🔲 Beneficiary of Retirement Account                 | s 🔄 Charitable Remainder Trust  |
| Provision in Trust  | 🗌 Real Estate (Home, Farm, Business                 | ) 🗌 Charitable Lead Trust       |
| Beneficiary of a Life Insurance Policy  | 🗌 Charitable Gift Annuity                           |                                 |
| Other designation   |   |                                 |
| The estimated current* value of my/our gif  | t is \$   |                                 |
| * The College of Wooster recognizes that this value is an approximation<br>and may change due to market and lifetime reasons. |   |                                 |
| I/we would prefer that my/our gift be use   | d to:   |                                 |
|   |   |                                 |
|   |   |                                 |
| You have my/our permission to include my/our name(s) in publishing lists (publications, newsletters, Web site)                |   |                                 |
| recognizing 1866 Legacy Society men   |   |                                 |
| Please list me/us as  |   |                                 |
| I prefer that you do not include my/ou<br>Please consider me/us anonymous do  | ur name(s) in published lists recognizir<br>nor(s). | ng 1866 Legacy Society members. |
| I/we are willing to share my/our planned giving story. Feel free to contact me/us.  |   |                                 |
| Signature (s)   |   | Date                            |
|   |   | Date                            |
|   |   |                                 |
| Please mail or fax completed form to  |   | $\mathbf{O}$                    |
| The College of Wooster, Office  |   | XAA                             |
| 1101 North Bever Street, Woos   |   | 000                             |
| Fax: 330-263-2390   | Ieo   | acy Society                     |
| Web: pg.woosteralumni.org<br>Email: plannedgiving@wooste  | er.edu  | acy outery                      |
|   | **  | w                               |