

## Dear Donor,

We realize that many people who plan to support Ransom Everglades School 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.

Melissa Bonafonte Associate Director of Advancement Ransom Everglades School Phone: 305-460-8215 Email: mbonafonte@ransomeverglades.org

## Planned Gift Notification- Confidential

## **Personal Information**

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

## Your Gift Intention

Please provide the following information and attach a copy of the documentation or appropriate language from your will or trust, if available. Please complete all that apply.

I/We want to described be	support the mission of low:	Ransom E	verglades School	through a planr	ned gift as		
I/We hav	ve included a bequest	for Ransom	Everglades in my	/our will or living	g trust.		
I/We hav	ve named Ransom Eve	erglades as	a beneficiary of a	n asset:			
Re	Retirement Plan Bank, Investment, or Other Financial Account						
	Life Insurance Policy Other:						
I/We have	ve named Ransom Eve ary of a charitable rema			ocable <i>(circle or</i>	ne)		
-	value of my/our gift is/v . (If possible, please in planned gift.)				% er wording		
	a general description of curities, how gift is to be	÷ .	•				
Please indicate h	y include me/us in listir now you would like you <b>ty</b> listings. <i>(Please not</i>	r name(s) t	o appear in our <b>T</b>				
☐ No, please de	o not include me/us in	listings.					
Signature(s):							
Date:							
			Return form to Melissa Bonaf				

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