

CARROLL  
UNIVERSITY



OFFICE OF  
GIFT PLANNING

## Confidential Intention Form

Dear Donor,

We realize that many people who plan to support Carroll University 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.

Chuck Demler  
Director of Gift Planning  
Carroll University  
Phone: 262-524-7241  
Email: [cdemler@carrollu.edu](mailto:cdemler@carrollu.edu)

### Planned Gift Notification--Confidential

As confirmation of my/our desire to provide a legacy of support to Carroll University, I/we hereby inform Carroll University's Office of Gift Planning that I/we have made a bequest to the university in my/our estate plan. I/we understand that this commitment is revocable, and I/we can modify at any time.

Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- New Intention (I/we have not previously shared any information with Carroll University about this intention.)
- Updated Intention (I/we have previously provided Carroll University with gift intention information. Using this form, I/we are providing updated information. This form replaces all previous shared documentation.)

**I/we have established a gift to benefit Carroll University in the future by means of:**

- Will or Trust       Beneficiary-Life Insurance Policy       Beneficiary-Retirement Plan
- Bank, Investment, or other financial account       Other \_\_\_\_\_

The anticipated value of my/our gift is/will be approximately \$ \_\_\_\_\_ or \_\_\_\_\_% of my/our estate. (If possible, please include a copy of the estate document(s) or other wording describing your planned gift.)

I/we wish to designate our gift to be used for the following purpose(s):

- Unrestricted
- Restricted for the following purpose: \_\_\_\_\_
- Please contact me/us to discuss designation for my/our intended gift.

Please provide a general description of the gift provision (such as, asset to be donated if other than cash or securities, how gift is to be used, whether gift is to create an endowment, etc.)

---

---

---

**Recognition:**

- Yes, you may include me/us in listings of gift planning donors.

Please indicate how you would like your name(s) to appear in our John Adams Savage Society, Carroll University's Legacy Society. (Please note the amount of your intended gift will not be published):

---

- No, please do not include me/us in listings.

**Return form to:**  
Chuck Demler  
Director of Gift Planning  
Carroll University  
100 N. East Avenue  
Waukesha, WI 53186  
Phone: 262-524-7241  
Email: cdemler@carrollu.edu

## Confidential Intention Additional Information

### Estate Contact Information:

Although optional, the following information is very helpful to ensure your intentions are honored:

Executor, Trustee (if your gift is through a Will, Trust):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Administrating Company (i.e. TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact/Relationship you may want us to know (family, attorney, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Return form to:

Chuck Demler  
Director of Gift Planning  
Carroll University  
100 N. East Avenue  
Waukesha, WI 53186  
Phone: 262-524-7241  
Email: [cdemler@carrollu.edu](mailto:cdemler@carrollu.edu)