

**GIFT PLANNING INTENTION FORM**

**SHARE THE GOOD NEWS**

Please share the good news with HNU that you've included the University in your estate plans. After printing and completing this Gift Planning Intention form, kindly return to Lisa Moore, Assistant Vice President for Major Gifts in the Advancement Office.

Send a scanned copy by Email:

**mmoore@hnu.edu**

Send by Mail:

**Holy Names University,  
University Advancement  
Attn: Lisa Moore  
3500 Mountain Blvd.  
Oakland, CA 94619**

**DATE**            /            /

**I / WE**, \_\_\_\_\_, have made  
a provision for Holy Names University in my/our estate plan in one  
of the following ways:

**GIFT TYPE**

Charitable Bequest

Percentage ( \_\_\_\_\_ %)     Residual ( \_\_\_\_\_ %)     Other \_\_\_\_\_

Charitable Gift Annuity     Retirement Plan     Pooled Income Fund     Life Insurance Designation

**GIFT DESIGNATION**

Unrestricted

Percentage: To be used for the following purpose: \_\_\_\_\_

Name(s) \_\_\_\_\_

Name(s) as I/we wish them to be listed for recognition purposes (if different than above):

\_\_\_\_\_

Name(s) \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Executor \_\_\_\_\_ Phone \_\_\_\_\_

**RECOGNITION PREFERENCES**

---

- I/We would be pleased to be publicly recognized for this gift. My/Our name(s) will appear as listed above in University publications and on the Legacy Society plaque. The terms of my/our gift will remain confidential.
  
- I/We wish to remain anonymous.

**FINANCIAL ADVISOR, ATTORNEY OR OTHER PROFESSIONAL SERVICE CONTACT**

---

Name \_\_\_\_\_

Profession \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_