



University Advancement University of Bridgeport Wahlstrom 126 Park Avenue Bridgeport, CT 06604 (203) 576-4542

## Notice of Enrollment and Intention

It is my/our pleasure to inform the department of University Advancement that I/we have made provisions for a gift to benefit the future of the University of Bridgeport. The University acknowledges that this gift is fully revocable and may be modified at any time.

☐ Charitable remainder trust	of Bridgeport by making the follo ☐ Retirement account benefician ☐ Life insurance beneficiary ☐Other (please specify):	ry
The estimated value of my gift is currently \$  The University of Bridgeport recognizes that values are subject to change and dependent on unforeseen circumstances.		
I/We have directed that my/our gift be used:  ☐ for the general benefit of the University, wherever the need is greatest; or ☐ for the specific purpose of:		
Will this gift be distributed upon the passing of any additional person? If so, please share the name, relationship and birth date of each individual:		
Donor Name:	Birth Date:	Class Year:
Donor Name (if joint gift):	Birth Date:	Class Year:
Address:		
City:	State:	Zip:
Telephone:	Email:	
The Waldemere Society recognizes those individuals who have helped assure the future of the University of Bridgeport and its mission by including the University in their estate plans.		
$\square$ You may include my/our name(s) in any published list of Waldemere Society members. $\square$ I/we wish to be listed as "Anonymous".		
Print Name:	Print Name:	
Date of Birth:	Date of Birth:	
Signature:	Signature:	
Date Signed:	Date Signed:	

All Information is confidential and will be used for internal purposes only.