



BEQUEST INTENTION

Thank you for including the Holyoke Community College Foundation in your estate plan, to help ensure the future success of HCC students. In order to accurately document your intention, please complete this form with as much detail as you are willing to share. Any information you provide about your bequest will remain confidential and does not create a binding obligation. This information will be used to recognize you and count your support, and may be useful in verifying your intention in the future. This Bequest Intention enrolls you in the Frost Legacy Society.

Please check one of the following:

- New Intention:** This is a new bequest to the Holyoke Community College Foundation.
- Update to Intention:** This is an update to a previously recorded Bequest Intention submitted to the Holyoke Community College Foundation.

If you can provide supplemental documentation, please check below:

- I will provide the Foundation with a scanned copy of relevant portions of my estate plan.

DESCRIPTION AND VALUE

Please indicate below, by checking applicable options, how your future gift intention will be fulfilled and provide the estimated value for the HCC Foundation.

Type	Estimated Current Dollar Value Designated to the HCC Foundation
<input type="checkbox"/> <i>Will or Trust</i>	\$ _____
<input type="checkbox"/> <i>Charitable Remainder Trust</i>	\$ _____
<input type="checkbox"/> <i>Remainder of Retirement Fund/IRA</i>	\$ _____
<input type="checkbox"/> <i>Other Item or Asset</i>	\$ _____
Please describe: _____	

- Contingent Beneficiary:** the HCC Foundation is a contingent beneficiary, please explain conditions.

RESTRICTIONS

- Unrestricted.** The HCC Foundation may allocate these funds to meet its highest current priorities.
- Restricted to an established fund.** Please name the fund: _____
- Other restriction.** Briefly describe how your gift should be used: _____

CONTACT INFORMATION

Will or Trust: If your gift is included in a will or trust, please provide the following: **Executor(s) or Trustee(s)**

Name	Phone and/or Email
<hr/>	<hr/>
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Beneficiary Designation: If your gift is directed by a beneficiary designation, please provide the following:

Administrator or Company

Name	Phone and/or Email
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Other Information: Contacts and Relationships You Want Us to Know, e.g. family, attorney, etc.

Name	Phone and/or Email
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RECOGNITION

- For recognition purposes, please list my/our name (s) as follows: _____
- Please do not include my/our name in any public listings of donors.
- I/We wish for my/our gift intention to be confidential and anonymous, publicly and in HCC records.

<hr/> Signature	<hr/> Date	<hr/> Signature	<hr/> Date
<hr/> Print Name		<hr/> Print Name	
<hr/> Street Address		<hr/> Street Address	
<hr/> City, State, Zip		<hr/> City, State, Zip	
<hr/> Preferred Phone Number		<hr/> Preferred Phone Number	
<hr/> Email		<hr/> Email	

Please send this form (together with copies of any relevant documents) to HCC Foundation Office, Holyoke Community College, 303 Homestead Avenue, Holyoke, MA 01040. Please contact us if you have any questions or concerns at 413.552.2182. Thank you.

