CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support Fenway School of Psychology 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.

Dr. Edwin Price Vice President for Advancement Fenway School of Psychology

Phone: (555) 555-5555

Email: giftplanning@fenwayschoolpsy.org

Planned Gift Notification- Confidential

Personal Information

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

Your Gift Intention

-	•	n and attach a copy of the documentation or appropriate able. Please complete all that apply.
I/We want to s	• •	Fenway School of Psychology through a planned gift as
☐ I/We hav	e included a bequest	for FSP in my/our will or living trust.
☐ I/We hav	e named FSP as a be	eneficiary of an asset:
Ret	irement Plan	Bank, Investment, or Other Financial Account
Life	Insurance Policy	Other:
☐ I/We hav remainde		vocable/irrevocable (circle one) beneficiary of a charitable
	(If possible, please in	will be approximately \$ or % clude a copy of the bequest language or other wording
		f the gift provision (such as, asset to be donated if other e used, whether gift is to create an endowment, etc.):
Yes, you may	include me/us in listin	ngs of planned gift donors.
		or name(s) to appear in our Legacy Ssociety] listings. Ided gift will not be published):
No, please do	not include me/us in	listings.
Signature(s):		
_		
Date: _		

Return form to:
Dr. Edwin Price
Vice President for Advancement
Fenway School of Psychology
225 Boylston Street, Boston, MA 02111

Phone: (555) 555-5555

Email: giftplanning@fenwayschoolpsy.ord