

STATEMENT OF INTENT

I/we desire to provide for the future well-being of Virginia Wesleyan University through a provision in my/our estate plans, and this letter is to inform the University of my/our plans. I/we understand that my/our plans can be revoked or modified by me/us at any time.

Name	Class of	Name (if applicable)	Class of
Address, City, State, ZIP			
Home (circle preferred phone)	Cell	E-mail Addr	ess
I/we have made a provision to	leave a legacy to	Virginia Wesleyan University	through my/our:
Will Ro	etirement Plan or l	IRA Other	
Living Trust Li	fe Insurance Polic	у	
I/we wish to inform Virthat the current value of my/ou confidential; if your gift is a p	ur future gift is: \$		ount is kept
It is understood that by stating and that I/we may choose to a discretion. Should circumstand revisions in my/our estate plan	dd, subtract or rev ces change, I/we w	oke this bequest at any time, a vill inform Virginia Wesleyan	t my/our sole
Recognition (check one)			
Yes NoYou may motivation for others to leave	•	•	•
Date Signature	<u> </u>	Signature (if applicable	