



Planned Giving Declaration of Intent

I am/We are pleased to participate in the development efforts of The John Crosland School. As an expression of my/our commitment to The John Crosland School, I/we have included the school in the following estate provisions:

- | | | |
|---|--|--|
| <input type="checkbox"/> Will | <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> IRA/Other Retirement Assets |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Pooled Income Fund | <input type="checkbox"/> Other (please describe) _____ | |

In the approximate amount of \$ _____ Percentage of estate _____

Other (please describe) _____

I/We have included a copy of the portion of my/our estate document that names The John Crosland School as a beneficiary. I/We understand that it will be kept in a confidential file.

Membership in the Dore Society is reserved for individuals who have made a provision of \$10,000 or more for The John Crosland School in their estate plans. I/We give permission to list my/our name(s) as a member(s) of the Dore Society (for recognition purposes only) with the understanding that the amount of my/our arrangement is strictly confidential. Please list my/our name(s) on the Dore Society donor wall as:

Although The John Crosland School is currently included in my/our estate, I/we do not wish to be a member of the Dore Society or listed on the Dore Society donor wall.

This Declaration of Intent is an expression of my/our present plans and is subject to change or modification by me/us.

Donor (Printed Name)

Date

Donor Signature

Date

Donor (Printed Name)

Date

Donor Signature

Date

Jennifer R. Nichols
Director of Institutional Advancement
The John Crosland School

Date

Please return this form to **The John Crosland School, Attn: Jennifer R. Nichols**, by mail: 5146 Parkway Plaza Blvd., Charlotte, NC 28217 OR Fax: 704-365-3240