



**Estate Plan Intention & Designation Form**  
**Non-Binding & Confidential**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I/we are pleased to inform you that my/our:**

\_\_\_\_\_ Will \_\_\_\_\_ Trust \_\_\_\_\_ Retirement Plan \_\_\_\_\_ Life Insurance \_\_\_\_\_ Other

**Includes a provision for John Carroll University**  
*(Please attach copies of supporting documents if appropriate)*

**Gift Designation:**

\_\_\_\_\_ John Carroll University *(Area of Greatest Need)*

Or

\_\_\_\_\_ Designated Area: \_\_\_\_\_

*In honor of:* \_\_\_\_\_

**To help John Carroll University plan for the future:**

The approximate amount of my/our bequest, based on today's value is:

\$ \_\_\_\_\_ OR (check box below)

Initials

- \$1 - \$10,000
- \$10,000 - \$25,000
- \$25,000 - \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$250,000
- \$250,000 - \$500,000
- \$500,000 - \$1,000,000
- \$1,000,000 - \$3,000,000
- \$3,000,000 - \$5,000,000
- \$5,000,000 - \$10,000,000
- above \$10,000,000

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney/Advisor Name (Print) (Optional)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Attorney/Advisor Signature (Optional)

\_\_\_\_\_  
Date