

LETTER OF INTENT FOR AN ESTATE GIFT

As evidence of my/our desire to provide a legacy of support to Blair Academy, I/we hereby inform Blair that I/we have made a provision for a gift to the School in my/our estate plans. I/we understand that while this commitment is revocable, I/we have the good intentions that Blair will ultimately receive this gift.

| Name(s) | Class Year | | | Date(s) of Birth | |
|---|-----------------------------|--|---|-----------------------|--|
| Address | City | | State | Zip | |
| Home Number | Cell Phone | | | Email | |
| It is my/our intent to leave a legacy to B | lair Academy through n | ny/our: | | | |
| Will/Bequest | Retirement Plan Assets | | Life l | Life Insurance Policy | |
| Charitable Gift Annuity | Charitable Remainder Trust | | Othe | er | |
| I/we wish to inform Blair Academy, for lot purposes only, that as of this date, the valu \$ | e of my/our gift is | future planning purpo in order to properly re- estate , please indicate is also helpful to have be able to share with t ur list of John C. Sharpe S | ses and so that Blair w cognize you. If your gi the <u>approximate presen</u> any supporting docume us. Please attach if possi | | |
| Please print name(s) as you wish them to app | pear in future publications | 5. | | | |
| Donor(s) Signature(s) | | | Date | | |
| My/our professional advisor OR the exec | utor of my/our estate, fo | or the School's future refe | rence: | | |
| Relationship: | Company (ii | f applicable): | | | |
| Name Address ADDITIONAL INFORMATION OR | PROVISIONS: | Phone Email PLEASE RETURN COMPLETED FORM TO: Velma Lubliner, Director of Gift Planning Blair Academy; Post Office Box 600, Blairstown, NJ 07825 Phone: (908) 362-2041 Cell: (570) 688-6424 | | | |
| | | _ | edu $Fax: (908) 30$ | | |
| Blair Academy Tax ID: #22-150047 | | <i>Email</i> : lubliv@blair | edu Fax: (908) 30 | 52-310 | |