



GOLDEN UNICORN Society

Name: _____

Date of Birth: ___ / ___ / ___ **CSG Graduation Year (if applicable):** _____

Spouse's Name (if applicable): _____ **Date of Birth:** ___ / ___ / ___

Address:

Street City State ZIP

Cell Phone: _____

Email Address: _____

MY/OUR WILL AND OTHER ESTATE PLANNING DOCUMENTS, WHICH INCLUDE A PROVISION FOR COLUMBUS SCHOOL FOR GIRLS, WERE EXECUTED ON _____ / _____ / _____

TYPE OF BEQUEST:

SPECIFIC AMOUNT

PERCENT OF ESTATE (____%)

REMAINDER OF ESTATE

TO HELP CSG PLAN FOR THE FUTURE:

THE APPROXIMATE AMOUNT OF MY/OUR BEQUEST, BASED ON TODAY'S VALUE, IS \$ _____

DESIGNATION/PURPOSE OF GIFT: _____

I/WE PREFER THE TERMS OF THIS GIFT REMAIN ANONYMOUS.

Attorney/Advisor name: _____

Firm's Name: _____

Phone: _____ **Email Address:** _____

Address: _____

Signature

Date

Spouse's Signature (if applicable)

Date