

The Covenant Society gratefully recognizes individuals who have chosen to support Belmont University through planned gifts.

Please return this form to: Belmont University Office of Gift Planning MS11500 1900 Belmont Blvd. Nashville, TN 37212

Questions may be directed to: Office of Gift Planning 615.460.5517 legacy@belmont.edu

## **COVENANT SOCIETY**

## **Donor Intent Form**

In order to support Belmont University, I/we have completed a deferred gift for the ultimate benefit of Belmont University. I/we understand that our stated intention is revocable and can be changed in the future.

Donor Name(s):			
Home address:			
Email:			
Gift Des	cription		
Estimated	value of girt.		
Gift Type:	O Will	O Bequest	O Retirement Account
	O Life Insurance	O Revocable Trust	Other (Describe below)
Gift Purpose			
My/our gift is designated for the following purpose:			
Donor Recognition			
O I/we wish to remain anonymous.			
• I/we agree that the gift amount may be recognized in Belmont University publications.			
O I/we agree that my/our name(s) may be recognized in Belmont University publications.			
Recognize my/our name(s) as:			
-	n provided herein sho	·	Covenent Society, and if the inform the appropriate Belmont
Please initi	al:		
Donor Sigr	nature:		_ Date:
Donor Signature:			_ Date: