

NAME(S) _____

ADDRESS _____

In support of Stevens Institute of Technology and its historic mission, I have made the following provision(s)* in my financial or estate planning:

Type of Provision	Estimated Amount <i>[Approximate Current Value]</i>
<input type="checkbox"/> An outright bequest in my will	\$ _____
<input type="checkbox"/> A contingent bequest in my will	\$ _____
<input type="checkbox"/> A provision in the will of the survivor of my spouse and myself	\$ _____
<input type="checkbox"/> A gift of the assets in my retirement plan after my lifetime	\$ _____
<input type="checkbox"/> A life insurance policy	\$ _____
<input type="checkbox"/> A living trust naming Stevens Institute of Technology as beneficiary <i>(please identify the income beneficiaries or describe other conditions):</i>	\$ _____

<input type="checkbox"/> A trust under my will naming Stevens Institute of Technology as beneficiary <i>(please identify the income beneficiaries or describe other terms):</i>	\$ _____

<input type="checkbox"/> Other provision <i>(please specify nature and terms):</i>	\$ _____

Total: \$ _____	

There is a restriction on my gift provision(s); it is to be used for: _____

Please list my name in any listings of the Stevens Legacy Society as: _____

In the event that unforeseen circumstances necessitate a change in the provision(s) I have described above, it is my intention to so advise Stevens Institute of Technology.

X _____
Date

X _____
Date
Laura Lacchia Rose
Vice President for Development
and Alumni Engagement

Please return signed form by mail or fax to:

Development and Alumni Engagement
Stevens Institute of Technology
1 Castle Point on Hudson
Hoboken, NJ 07030
Fax: (201) 216-8247

Questions? Call Michael Governor
at (201) 216-8967
Michael.Governor@stevens.edu

** Any attachments providing details – such as the page from your will that mentions Stevens – would be greatly appreciated.*