

**Thank you for your commitment to Mercyhurst University.**

Your generosity will ensure future generations of students will have the same first-class educational experiences and opportunities that benefit current students.

## *Estate Intention Form*

Please complete the following information to notify Mercyhurst University of your estate intention. The Office of Advancement will use this form to record your gift and to establish and verify the ultimate purpose for your funds. So that your gift intentions are fully honored, please return this form along with a copy of the section of your will or other estate documents that reference Mercyhurst.

*This document is non-binding and will be used only for recordkeeping purposes.  
All information contained in this document will remain confidential.*

Name: \_\_\_\_\_

Class Year: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### **I. Recognition**

*Your name will be listed in written publications as a member of the O'Neil Society, the University's planned giving society. No further information about your bequest (including amounts) will be disclosed.*

Mercyhurst has my permission to list my name       I prefer to remain anonymous

Include my spouse as a member of the O'Neil Society: \_\_\_\_\_  
(List spouse's name as you want it to appear)

## II. Type of Gift

### Mercyhurst University is named as a beneficiary in my:

*(Please estimate the current value of each gift)*

Will: \$ \_\_\_\_\_ or \_\_\_\_\_% of my estate, gift valued at \$ \_\_\_\_\_

Insurance Plan: \$ \_\_\_\_\_  Retirement Plan/IRA: \$ \_\_\_\_\_  Life-Income Plan: \$ \_\_\_\_\_

Other Asset: \$ \_\_\_\_\_  I prefer not to disclose any information regarding value.

### This gift will be distributed to Mercyhurst University upon:

My death

Other: \_\_\_\_\_

*(If not until a survivor's death, please provide his/her name and birthdate)*

## III. Designation of My Estate Gift

Please use my gift to Mercyhurst University in the following way: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please use my gift at the university's discretion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please notify the Office of Advancement if you make any changes to your estate intentions so that we can ensure your wishes are fully honored.*

*Please return this form to:*

**Ryan J. Palm '07**

MERCYHURST  UNIVERSITY

501 East 38th Street

Erie, PA 16546