

PERSONAL INFORMATION

ESTATE GIFT

I/we hereby inform Alpha Sigma Phi that I/we have made a provision for a gift for the Foundation in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Name		Birthdate//	
Second Name (if joint gift)		Birthdate	_//
Mailing Address (Address, Ci	ty, State, and Zip Code)		
Primary Email Address		Phone	
LETTER OF INTENT			
It is my/our intent to leave a	legacy to Alpha Sigma Phi through my/our:		
WILL	RETIREMENT PLAN ASSETS OR IRA		LIFE INSURANCE POLICY
LIVING TRUST	CHARITABLE REMAINDER TRUST*		BANK ACCOUNTS/CDs
OTHER			
percentage). I/we understan	c (If your gift is a percentage of your estate, please d that, by stating an amount, my/our estate is not est at any time, at my/our sole discretion. (Alpha S	legally bound by this	statement and I may choose to add,
ADDITIONAL INSTRUCTIONS			
Please enroll me/us in the Al	lpha Sigma Phi Manigault Society:		
I/we wish my/our name(s) to appear as:			
	ame(s) to appear as:		in any form of recognition
 Date	ame(s) to appear as: Donor(s) Signature		in any form of recognition r(s) Signature

PLEASE RETURN SIGNED AGREEMENT TO ALPHA SIGMA PHI FOUNDATION AT 710 ADAMS STREET, CARMEL, IN 46032

- * If your CRT beneficiary or life insurance policy is irrevocable, please enclose a copy of the trust document for enrollment in an additional recognition society.
- ** We hope that you will share the approximate amount of your gift with us so that the benefitting endowment or the Foundation will know of your

generosity and be able to recognize you appropriately. It is also helpful for us to have on file any supporting documentation which you may be able to share with us. Please attach if possible.

Alpha Sigma Phi Foundation is a 501(c)3 non-profit organization. Your donation may qualify as a charitable deduction for federal income tax purposes. Please consult your tax advisor or the IRS to determine whether your contribution is deductible.

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