

## **HARRISON SOCIETY - ESTATE INTENTION FORM**

Estate gifts play a key role in securing the Medical College of Georgia at Augusta University's future and are a deeply rooted and respected tradition. Thank you for cementing your legacy at the university through the generous support of our students, faculty and patients.

Name:	Date of Birth:
Spouse/ Partner: (If Joint Gift)	Date of Birth:
Donor Address:	
Telephone:	Email:
Gift Information:	
	of Georgia at Augusta University through the following foundation below
Augusta University Foundation	Medical College of Georgia Foundation
I/We have named the Medical College of Georg	ia at Augusta University as a beneficiary of:
An outright bequest payable upon my death	○ A life insurance policy, IRA, pension plan, 401(k), or 403(b)
A provision in will of the surviving spouse/partner	A testamentary trust established at death
College of Georgia at Augusta University has been desig	
Approximate amount of my/our gift based on today's	s value:
wish for my/our gift to support:	
The Greater University Fund	
The creation of a new fund*:	
Recognition Preference:	
*If you wish to create a new fund, please contact Philanthropy requirements and to document your intentions.	& Alumni Engagement at 706-721-4001 to confirm that your gift meets minimum
The University has my permission to publish my/our name(s) a value will be printed as part of the honor roll recognition.	long with donors in Augusta University publications as appropriate. Note: No
I/ we request that our giving intentions remain anor	nymous.
Signature:	Date:
	_
Signature of Spouse: (If Joint Gift)	Date:

I acknowledge that I will inform Augusta University if I make any modifications to my estate gift or beneficiary designation. The university acknowledges that this form is non-binding, and most estate gifts remain fully revocable.