CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support Georgetown Day School through their estate and/ or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Jeffrey Delozier Senior Manager, Major Gifts and Donor Services Georgetown Day School

Phone: 202-295-6239 Email: jdelozier@gds.org

Planned Gift Notification- Confidential

Personal Information

Name:			
Spouse Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Date(s) of Birth:			

Your Gift Intention

		on and attach a copy of the documentation or appropriate lable. Please complete all that apply.
I/We want to described be		f Georgetown Day School through a planned gift as
☐ I/We ha	ave included a bequest	for GDS in my/our will or living trust.
☐ I/We ha	ave named GDS as a b	eneficiary of an asset:
R	etirement Plan	Bank, Investment, or Other Financial Account
 □ Li	fe Insurance Policy	Other:
☐ I/We ha	•	evocable/irrevocable (circle one) beneficiary of a
	e. (If possible, please in	will be approximately \$ or % nclude a copy of the bequest language or other wording
		of the gift provision (such as, asset to be donated if other be used, whether gift is to create an endowment, etc.):
Yes, you ma	ay include me/us in listi	ngs of planned gift donors.
		ur name(s) to appear in our Gladys Stern Society our intended gift will not be published):
No, please	do not include me/us in	listings.
Signature(s):		
Date:		

Return form to:
Jeffrey Delozier
Senior Manager, Major Gifts and Donor Services
Georgetown Day School
4200 Davenport Street, NW Washington, DC
20016

Phone: 202-295-6239 Email: jdelozier@gds.org