

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 Director of Development Georgetown Day School Phone: 202-295-6239 Email: legacy@gds.org

Planned Gift Notification- Confidential

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

Your Gift Intention

Please provide the following information and attach a copy of the documentation or appropriate language from your will or trust, if available. Please complete all that apply.

I/We want to described be		Georgetown Day School through a planned gift as
I/We ha	ive included a bequest f	or GDS in my/our will or living trust.
	ive named GDS as a be	, ,
R∉ Li I/We ha	etirement Plan fe Insurance Policy	Bank, Investment, or Other Financial Account Other: Other:
	e. (If possible, please inc	vill be approximately \$ or% clude a copy of the bequest language or other wording
	•	the gift provision (such as, asset to be donated if other used, whether gift is to create an endowment, etc.):
	-	gs of planned gift donors.
		r name(s) to appear in our Gladys Stern Society ar intended gift will not be published):
No, please o	do not include me/us in l	istings.
Signature(s):		
Date:		
		Return form to: Jeffrey Delozier Director of Development Georgetown Day School

Georgetown Day School 4200 Davenport Street, NW Washington, DC 20016 Phone: 202-295-6239 Email: legacy@gds.org