

Bequest Notification Form

As a strong believer in St Leonard's College, and in support of its vision, students and programs, I am pleased to leave a legacy for the College through my estate plans.

Don	or Inform	ation					
Ms	Miss	Mrs	Mr	Other:	Full Name:		
Addr	ess:					Postcode:	
Telep	hone:				Mobile:		
Emai	l:						
Му	Bequest						
	Outright	R	esidual	Percen	tage %		
	Other (eg. L	ife Insura	nce)				
	Estimated v	alue: \$					
Beq	uest Alloc	ation					
	I would like	my bequ	est to be	unrestricted an	d used for the purp	poses deemed to be most valuable by the College.	
OR I wou	ıld like my b	equest to	be used	for the following	ng purpose:		
General Foundation Fund					Leonardian (Social Equity) Scholarship Fund		
Indigenous Scholarship Fund					Building Fund		
	Global Citiz	en (Refug	gee) Scho	larship Fund			
	or Recogr cognition of		est in con	nmunications (p	orint and/or online),	please list my name in the following manner:	
OR							
	I wish to be	listed an	onymous	ly.			
l agre	ee to notify S	St Leonard	l's College	e, in writing, in t	he event that I make	e any changes to my will that will affect my bequest	
Donor(s) signatures:						Date:	
	_			-	· · · · · ·	ers or lawyers in the execution of their estate plans. Donors College Foundation (ABN 99756572783) as the beneficiary	