



## Planned Giving Pledge

We thank you for demonstrating your belief in the mission of Sandia Prep through your generosity.

### Donor Information

**Full Name** (Donor/Donors) \_\_\_\_\_

**Address** (Street, City, State, ZIP) \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_ **Email(s)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Year Graduated Prep** \_\_\_\_\_ **Preferred Contact Method**  Phone  Email  Mail  Text

**Donor's connection to the Organization** (Alum, Parent, Friend, etc.) \_\_\_\_\_

**Spouse/Partner Full Name** \_\_\_\_\_

**Spouse/Partner Phone Number(s)** \_\_\_\_\_ **Spouse/Partner Email(s)** \_\_\_\_\_

**Spouse/Partner Date of Birth** \_\_\_\_\_ **Spouse/Partner Year Graduated Prep** (if applicable) \_\_\_\_\_

### Gift Details

**Type of Planned Gift** (Please check all that apply.)

Bequest in Will  Charitable Remainder Trust  Charitable Lead Trust  Life Insurance Policy  Retirement Assets

Other (Please specify) \_\_\_\_\_

**Estimated Gift Amount and Percentage** (This may be a specific dollar amount, a percentage of an estate, or the full value of an asset.)

\_\_\_\_\_

**Is this gift contingent on another event?** (Example: Contingent on donor's spouse predeceasing the donor or upon another specific event.)

\_\_\_\_\_

**Gift Designation** (Where would the donor like the funds directed?)

Unrestricted (Where the need is greatest)  Specific program, department, or fund \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

### Recognition Preferences

I/we would like to be publicly recognized for this gift (e.g., in donor publications)  I/we prefer to remain anonymous

**Recognition Name(s)**

\_\_\_\_\_

**Simms Society Membership**

**Would you like to join the Simms Society?** (This is for recognition of donors who include the organization in their estate plans.)

Yes  No

**Supporting Documentation**

**Do you have any supporting documentation?** (E.g., a copy of the section of your will, trust, or beneficiary designation form)

Yes, enclosed.  No, I will send later.

**Contact Information for Executor or Trustee (if applicable)**

**Name of Executor/Trustee** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Additional Information**

**Comments or Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_

**Donor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Development Office Contact Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Development Office Contact Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Questions?**

Please contact Sandia Prep Development Director Alicia Marcell at 505.338.3022 or amarcell@sandiaprep.org.



**Thank you.**