



FOUNDATION

PLANNED GIVING INTENT FORM



Donor Information: *All information is confidential and will be used only with your permission.*

Name: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail address: _____

Alum: Yes No Years attended: _____

Gift Purpose:

I would like my gift used for: _____ Scholarships _____ Annual Fund

_____ Textbook Assistance _____ Building Improvements _____ Other

Thank you for making a future gift to MiraCosta College. Your information below will be treated as confidential while enabling us to direct your gift as you intended.

Type of Gift: *Any intentions included here will not be binding.*

_____ I have included a bequest in my Will.

Optional: Estimated amount of gift \$ _____

Percentage of estate _____ %

_____ I have funded a trust that will distribute assets to the MiraCosta College Foundation.

Optional: Estimated amount of gift \$ _____

_____ I have named MiraCosta College Foundation a beneficiary of a life insurance policy.

Optional: Estimated amount of gift \$ _____

_____ I have named MiraCosta College Foundation a beneficiary of a retirement plan, IRA or 401(k) plan.

Optional: Estimated amount of gift \$ _____

_____ I have made a gift to the MiraCosta College Foundation in exchange for a Charitable Gift Annuity.

_____ I have made plans to establish a fund at a community foundation that will make gifts to the MiraCosta College Foundation.

Optional: Estimated amount of gift \$_____

Donor Recognition: *Please list me in your publications as follows.*

Name _____
Class Year

_____ I would like to remain anonymous. Please do not list my name in your publications.

Signature _____
Date

Please complete this profile at your earliest convenience. If you have any questions, please call Tori Fishinger, Interim Associate Director Development & College Foundation, 760.795.6652.

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