



Development and Foundation Office 1 Barnard Drive, MS7 Oceanside, California 92056 foundation@miracosta.edu 760-795-6645

## 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 (please	nighlight one) Years attended: _		
Gift Purpose:			
I would like my gift use	d for: Scholarships	Annual Fund	
Textbook Ass	istance Building Impr	ovements	Other
	a future gift to MiraCosta Colle our gift as you intended.	ge. Your information b	elow will be treated as confidential while
Type of Gift: Any intent	tions included here will not be bi	nding.	
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 N	MiraCosta College Foundation a	beneficiary of a retirem	nent plan, IRA or 401(k) plan.
Optional:	Estimated amount of gift \$		
I have made a g	gift to the MiraCosta College Fou	undation in exchange fo	or a Charitable Gift Annuity.

Foundation.	lans to establish a fund at a community foundation that will make gifts to the MiraCosta College
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.