



# Bronx Science Foundation, Inc.

## PLANNED GIFT LETTER OF INTENT

Please complete this form to the level of your comfort and return it to the school to formally document your intention to make a planned gift to the Bronx Science Foundation (Tax ID – 13-3763299).

### Alumnus/a Information:

Name: \_\_\_\_\_ Bronx Science Class Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse's Name, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### I have provided for the Bronx Science Alumni Foundation in the following manner:

Will or Living Trust     Retirement Assets     Life Insurance Policy     Gift of Real Estate

Other (please list): \_\_\_\_\_

Name of Executor/Trustee/Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please indicate:

My gift is equivalent to \_\_\_\_\_% of my estate.     I estimate the cash value of my gift to be \$ \_\_\_\_\_.

**I accept membership in the Creston Avenue Society** (Bronx Science's legacy donor society) and agree to have my name in donor publications as a motivation for others to leave a future gift benefitting Bronx Science.

Yes, please recognize me publicly as: \_\_\_\_\_.

I would like to remain anonymous and prefer that my/our name(s) not be published.

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

### Please return to:

The Bronx High School of Science Foundation, Inc.  
75 Bronx Science Boulevard  
Bronx, NY 10468  
718-817-7800 [foundation@bxscience.edu](mailto:foundation@bxscience.edu)

*\*Please note that while not a binding agreement, this letter indicates that you have in good faith made plans for Bronx Science to ultimately receive this gift.*