

NOTICE	O F	ESTATE	PROVISION
* * *			n as a beneficiary of my estate plan, by, (or percentage of residuary)
(e.g., will, IRA beneficiary designation, insu	rance poli	icy, revocable l	iving trust, remainder trustee, charitable trust etc.)
This indication of intent does not profer the Foundation in the future. I agree to			n otherwise revocable provision I have made tion of such a rescission.
financial support, mentoring and hope to n gender identity. If the value amount of my member of the Point Legacy Circle. If I au	neritoriou bequest a thorize it	is students whas indicated a , my name w	my commitment to its efforts to provide no are marginalized due to sexual orientation or above is \$100,000 or more, I will become a lill be published in the Foundation's annual ked the box which corresponds to the manner of
☐ I consent to be acknowledged in☐ In the annual report and other a			
☐ I prefer to be anonymous.			
SIGNATURE (DONOR #1)			DATE
SIGNATURE (DONOR #2 IF APPLICABLE)			DATE
ADDRESS			PHONE