## CONFIDENTIAL STATEMENT OF DEFERRED GIFT

Date:	Name(s):				
Phone Number:	Alternate Phone:				
Constituent info: □ A	Alumnus/a (Class:	) 🗆 Parent	□ Friend	□ F/S	□ Trustee
I / We have made th	e following charitabl		Wofford Co Est. Value*	llege:	
Will (dated	)				
Will (dated Living Trust (Dated Life Insurance Police	d)				
Life Insurance Polic	cy				
IRA or Other Retire	ement Plan				
Retained Life Estat	е				
Charitable Trust					
Trust Created in My					
Other (Please desc	ribe below)				
<b>Designation of gift*</b> *If you wish to create a Development staff to a	ounted in the upcoming  a new fund, you are encentrice  consure that any fund you  that the fund is used a	couraged to spe ou establish is in	ak with a me accordance		_
Benjamin Wofford S	ociety				
Your bequest to Woffe	ord qualifies you as a n like to recognize your				
Name(s) as you wo □ Please keep this	ould like them listed: gift anonymous				
information is correct	gal document. Your sig at this time. Wofford ( ase notify us of any ful	College recogniz	es that the v	-	
Signature(s):				Date	:



Please direct questions to: Lisa De Freitas Director of Gift Planning 864-597-4203 defreitaslh@wofford.edu Please return the completed form to:

Wofford College / Office of Gift Planning 429 N. Church Street / Spartanburg, SC 29303-3663