

## **Center for Charitable Estate Planning**

Ken Bissell, Director (501) 279-4210 endowment@harding.edu

## Planned Gift Confirmation Form

If you have made provisions in your estate for a gift to Harding University, please take a moment to complete the form below and return it to us. If you are comfortable sharing documentation of your estate gift, please include such documentation with this form to enable us to more effectively steward your gift. The details on this form, as well as any addition information you share with us, will remain confidential. Return the completed form to Center for Charitable Estate Planning, Harding University, P. O. Box 12283, Searcy, AR 72149 or email to endowment@harding.edu.

Name	Spouse Name	Spouse Name		
Address	City/State		Zip	
Phone	Email			
I/We have named Harding University as a b	peneficiary in one or more:			
☐ Estate Bequest ☐ IRA, pension, o	or other retirement account	☐ Life Estate	Lead Trust	
☐ Charitable Remainder Trust (trustee is a	not Harding)	ble or Living Trust		
☐ Life Insurance Policy ☐ Other (Plea	ase Specify)			
Approximate Value:				
Gift Designation (if any):				
Comments:				
Signature	Spouse Si	gnature	Date	

This document does not bind you or your estate. You may choose to increase, decrease or revoke this bequest at any time, at your sole discretion.

## WELCOME TO THE JAMES A. HARDING LEGACY SOCIETY!

The James A. Harding Legacy Society recognizes alumni and friends who make a legacy gift to Harding through their estates. By completing this form, you are automatically enrolled in the James A. Harding Legacy Society. Please contact Harding's CCEP office if you do not wish to be recognized as a member of the James A. Harding Legacy Society.