

steinerschool.org

LOWER SCHOOL 2775 Newport Road Ann Arbor, MI 48103

info@steinerschool.org ph 734.995.4141 f 734.995.4383 HIGH SCHOOL 2230 Pontiac Trail Ann Arbor, MI 48105 hs@steinerschool.org ph 734.669.9394 f 734.669.9396

Thank you for your intention to include Rudolf Steiner School of Ann Arbor in your estate plan. In order to accurately document your intention, please complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

Rec	ognition of Your Gift			
	For recognition purposes, please list my/our name(s) as follows:			
	Please do not include my/our name in a	ny public listings of d	onors.	
	I/We wish for my/our gift intention to be confidential and anonymous, publicly and in Rudolf Steiner School of Ann Arbor records.			
	Gift Agreement/Letter - I/We have signed a Gift or Letter Agreement with Rudolf Steiner School of Ann Arbor for this gift and have made no changes to the designation or purpose.			
	No Gift Agreement/Letter – Briefly describe allocation, designation, and how you used.			
	cription and Value of Gift - Please indicate belintention will be fulfilled and provide the estimate Description Will or Trust with a sum of			
	Charitable Remainder/Lead Trust in the amount of			
	Remainder of Retirement Fund/IRA with a total current value of			
	Life Insurance Policy with a policy value at maturity of			
	Charitable Gift Annuity in the amount of			
	Other Item or Asset in the amount of Please describe (for example, private collection)	ons, real estate, secu	rities, etc.):	
	Beneficiary – If Rudolf Steiner School is only a	a contingent beneficia	ry, please explain conditions:	
	Documentation - Please provide us with conie	es of any documents (or the relevant nages) that	

include provisions for Rudolf Steiner School.

Contact Information					
Will or Trust – If your gift is included in	will or trust, please provide the following:	:			
Executor(s) or Trustee(s)					
Name and Address	Phone and/or Email				
		_			
Beneficiary Designation – If your gift is following:	directed by a beneficiary designation, plea	ase provide the			
Administrator or Company					
Name and Address	Phone and/or Email				
					
	ionships You Want Us to Know (family				
Name and Address	Phone and/or Email and Re	elationship			
					
This Declaration of Intent will confirm y		acted by a			
member of our Development staff regardin	, , ,				
New Intention – This is a new bequ	st intention to Rudolf Steiner School of Ani	n Arbor.			
Update to Intention – This is an up	ate to a previously recorded bequest inten	ition to Rudolf			
Steiner School of Ann Arbor	,				
	<u> </u>				
Signature Date	Signature	Date			
Print Name	Print Name				
Street Address	Street Address	Street Address			
City State 7in	City State 7in				

Please send this form (together with copies of any relevant documents) to the Development Office. Please contact us if you have any questions or concerns.

Email and Phone Number

Email and Phone Number

Rudolf Steiner School of Ann Arbor, Development Office 2230 Pontiac Trail, Ann Arbor, MI 48105 Email: kklaphake@steinerschool.org Phone: 734-669-9394