CONFIDENTIAL INTENTION FORM



Greetings!

We realize that many people who plan to support The American University of Paris through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Courtney R. Stombock Vice President for Development and Alumni Relations The American University of Paris

Phone: +1 (470) 426-5833

Email: plannedgiving@aup.edu

Planned Gift Notification- Confidential

Personal Information

Name:			
Spouse Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Date(s) of Birth:			
Relationship to the University (al	umni, parent, trustee, faculty	/, friend):	
If Parent year child graduated:			

Your Gift Intention

		on and attach a copy of the docur lable. Please complete all that ap	
I/We want to as described		f The American University of Pari	is through a planned gift
☐ I/We hav	ve included a bequest	for AUP in my/our will or living tru	ust.
☐ I/We hav	ve named AUP as a be	eneficiary of an asset:	
Re	etirement Plan	Bank, Investment, or Other	r Financial Account
<u> </u>	e Insurance Policy	Other:	
I/We hav	,	evocable/irrevocable (circle one) l	peneficiary of a
	. (If possible, please in	will be approximately \$ nclude a copy of the bequest lang	
		of the gift provision (such as, asserted used, whether gift is to create a	
Yes, you may	y include me/us in listi	ngs of planned gift donors.	
		ur name(s) to appear in our Quai ur intended gift will not be publisl	
No, please d	o not include me/us in	listings.	
Signature(s):			
-			
Date:			

Return form to: Courtney R. Stombock Vice President for Development and Alumni Relations The American University of Paris Phone: +1 (470) 426-5833

Email: plannedgiving@aup.edu