

The 1865 Society

Planned gifts have a significant impact on the future of Cushing Academy. Your careful planning will allow us to address our future needs and direction in a confident and prudent manner, ensuring the school's place as one of the nation's finest secondary schools. This document will provide a basis for recognition in *The 1865 Society* at Cushing Academy. The 1865 Society honors the more than one hundred alumni, parents and friends who have remembered Cushing Academy in their estate plans through charitable bequests, trusts, beneficiary designations and life income gifts.

Thank you for sharing as much or as little as you are comfortable doing so below.

Donor Recognition Preferences

I/We have remembered Cushing Academy in my/our estate plan(s) and wish to join The 1865 Society.

- Please list my/our name(s) below in The 1865 Society honor roll listings.
- I/We prefer to remain an anonymous member of The 1865 Society.

Names as listed: Self _____
 Spouse _____

Gift Information

Please attach a copy of the relevant provisions from your estate or beneficiary designation documents to assist Cushing Academy accurately track your gift.

I/We have named Cushing Academy as a beneficiary of a will, living trust, charitable trust, other:

- Specific bequest [in the amount of \$ _____]
- Residual bequest as a percentage _____ % [the current market value of which the percentage represents is approximately \$ _____]

I/We have named Cushing Academy as the death or remainder beneficiary in one or more of the following:

- IRA, pension, or other retirement account [e.g., 401(k) or 403(b) plans]
- Charitable remainder trust
- Life insurance policy
- Other (please specify): _____.

[Approximate amount of your gift: \$ _____]

Gift designation:

- For General Purposes (unrestricted)
- Financial Aid
- Faculty Enrichment
- Academic Support
- Athletics
- Visual Arts
- Performing Arts
- General Operations
- If otherwise restricted, please specify the appropriate fund _____.

I/We understand that this form is intended to provide Cushing Academy with information about my/our intentions to make a gift and preferences for donor recognition. Gift designations and restrictions, if any, will be determined only with reference to my/our separate gift agreement with Cushing Academy, if any, and applicable provisions of the gift instrument. I/We agree to notify Cushing Academy if the foregoing information is updated or changed so that Cushing Academy may accurately reflect my/our intentions in its records.

Signature: _____ Date: _____

Return to:

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