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**CONFIDENTIAL BEQUEST NOTIFICATION FORM**

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_

SPOUSE'S NAME: *(if applicable)* \_\_\_\_\_ DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE # PREFERENCE: \_\_\_\_\_

MY/OUR WILL AND OTHER ESTATE PLANNING DOCUMENTS, WHICH INCLUDE A PROVISION FOR THE **BRADLEY/CLEVELAND PUBLIC EDUCATION FOUNDATION**, WERE EXECUTED ON: \_\_\_/\_\_\_/\_\_\_

TYPE OF BEQUEST:

\_\_\_\_\_ SPECIFIC AMOUNT \_\_\_\_\_ PERCENT OF ESTATE (\_\_\_\_%) \_\_\_\_\_ REMAINDER OF ESTATE

TO HELP THE **BRADLEY/CLEVELAND PUBLIC EDUCATION FOUNDATION** PLAN FOR THE FUTURE:

THE APPROXIMATE AMOUNT OF MY/OUR BEQUEST, BASED ON TODAY'S VALUE IS \$ \_\_\_\_\_

PURPOSE/DESIGNATION OF GIFT: \_\_\_\_\_

ATTORNEY/ADVISOR NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FIRM'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

\_\_\_\_\_ I/WE PREFER THE TERMS OF THIS GIFT TO REMAIN ANONYMOUS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Mail this form to:** Bradley/Cleveland Public Education Foundation, P.O. Box 4354, Cleveland, TN 37320

Please call if you have a question: 423-476-0034.

**Be sure to keep a copy for your records.**