



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

PURPOSE/DESIGNATION OF GIFT, IF DESIRED: _____

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

SIGNATURE

DATE

SIGNATURE

DATE

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

Please call if you have a question: 423-476-003

