



THE
CRAIG
SCHOOL

Confirmation of Commitment

I/We _____ have made provisions for a legacy gift to
The Craig School.

My/Our gift is in the approximate amount of \$ _____, **OR** _____ % of my/our estate or plan, and was
completed through (check a box, please).

<input type="checkbox"/> Bequest/Will	<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Retirement Plan Assets (e.g., 401(k), IRA)	<input type="checkbox"/> Charitable Remainder Trust
<input type="checkbox"/> Estate or Business Interest	<input type="checkbox"/> Other _____

Please Print Clearly or Type)

Donor Name Date of Birth

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Name(s) as you wish them to appear for formal recognition (without titles)

Street Address

City, State, Zip

The BEST phone number(s) to reach you. Please indicate cell or home.

Email Address or Addresses

Please check all that apply:

- ☐ You have permission to **recognize me/us publicly** (without gift type or amount)
- ☐ I/We would like our gift to remain **anonymous** at this time.
- ☐ Please have Katie Burke contact me for a confidential conversation regarding my legacy gift.

I/We understand that this commitment is revocable and may be modified at my/our discretion. I/We will endeavor to notify

Donor Signature Date

Donor Signature Date

The Craig School Representative Signature