## TELL US YOUR PLANS

1. Your legacy pledge

Please complete this form to help us plan for the future and communicate with you appropriately regarding your legacy pledge. This information is not legally binding, and we realise that your intentions may change. This will simply enable us to understand your current wishes and recognise your generosity.

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Ιh	ave remembered the University of Southampton in my will with a:
	Share of per cent of my residuary estate (residuary bequest)
	Cash bequest of £ (pecuniary bequest)
	${\it Gift to benefit my loved ones first before passing to Southampton} \ ({\it reversionary bequest})$
	e approximate value of the gift in today's terms:
Ιw	ould like my gift to support:
	The area of greatest need
	The following purpose:
2.	Your details
Na	ime
	ldress
То	wn
Сс	ounty
Ро	sstcode
Сс	ountry
Те	lephone number
	nail address
	Please tick if you are a University of Southampton alumnus/alumna.  (If yes, please provide your year of graduation:

## 3. Solicitor's details

Ne would be grateful if you could provide us with the details of your solicitor:		
Company name		
Contact name		
Address		
Fown		
County		
Postcode		
Country		
Felephone number		
Email address		

## 4. Recognising your support

Please let us know if you wish your legacy gift to remain anonymous:

- I wish my legacy to remain anonymous during my lifetime
- I wish my legacy to remain anonymous always

Signed \_\_\_\_\_\_
Date \_\_\_\_\_

