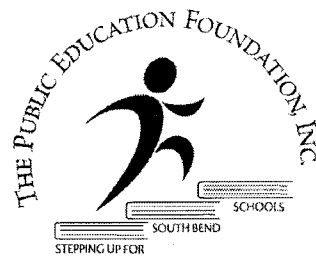


**The Education Society**  
CONFIDENTIAL BEQUEST NOTIFICATION FORM



**THE PUBLIC EDUCATION FOUNDATION, INC.**  
P.O. Box 119, South Bend, IN 46624 574.283.8039 www.edfo.org

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

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

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

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MY/OUR WILL AND OTHER ESTATE PLANNING DOCUMENTS, WHICH INCLUDE A PROVISION FOR  
**THE PUBLIC EDUCATION FOUNDATION, INC.**, WERE EXECUTED ON: \_\_\_ / \_\_\_ / \_\_\_  
MONTH DAY YEAR

TYPE OF REQUEST:

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

TO HELP **THE PUBLIC EDUCATION FOUNDATION, INC.** 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