



Name: _____ Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Academy Year _____ College Year _____ I am a friend affiliated with the:
 Academy College Both Academy & College

Does Salem continue to be a beneficiary of your estate plans? Yes _____ No _____
If yes, please complete the following information. Date: _____

GIFT INTENTIONS

Please indicate which of the following best describes the method of your planned gift to Salem?

- Charitable Trust Charitable Bequest by Will Charitable Annuity
- Life Insurance Other: _____

Please indicate the designation of your gift: Salem Academy Salem College Salem Academy & College

Additional specifics regarding your designation: _____

GIFT INFORMATION

Estimated Size of the Gift _____

The following documents may be helpful in clarifying size and/or designation. Please share copies of documents to the extent that you are comfortable.

- Will and Testament
- Charitable Trust Agreement
- Life Insurance Policy
- Other documents from your attorney or financial planner.
- Letter or memo from you to Salem Academy and College.

If you have chosen to include Salem in your will, please double check the reference to Salem ensuring you use the following proper name:

- Salem Academy in Winston-Salem, North Carolina
- Salem College in Winston-Salem, North Carolina
- Salem Academy & College in Winston-Salem, North Carolina

Would you like to receive a call or visit to discuss your gift? ____Yes ____ Not Necessary at This Time

RECOGNITION

Please indicate one of the following:

_____ To help encourage others to provide for Salem in their estate plans, I authorize Salem to use my name as a member of the Rondthaler Circle, a group created to honor this type of philanthropy.

_____ I wish to remain anonymous at this time.

Please send completed form to:
Jennifer Morgan, Director of Major and Planned Giving
Salem Academy and College
601 South Church Street Winston-Salem, NC 27101
Telephone: (336) 721-2816 E-mail: Jennifer.Morgan@Salem.edu