



Oregon Schools Foundation
5721 Seaman Road
Oregon, Ohio 43616
EIN 34-1691643
www.OregonSchoolsFoundation.org

Confidential Bequest Notification Form

Name(s): _____ Date of Birth ____/____/____

Spouse's Name: (if applicable): _____ Date of Birth ____/____/____

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

Email #1: _____

Email # 2: _____

Phone(s) Cell: (____) _____ Home: (____) _____

How would you like your name(s) to appear in our printed materials: _____

My/Our will and other estate planning documents, which include a provision for the **Oregon Schools Foundation**, were executed on: ____/____/____

Type of Bequest:

_____ Specific Amount _____ Percent of Estate (%) _____ Remainder of Estate

To help the **Oregon Schools Foundation** plan for the future:

The approximate amount of my/our bequest, based on today's value is \$ _____

The Purpose/Designation of my/our gift: _____

Attorney / Advisor Name: _____ Work Phone: _____

Firm's Name: _____

Address: _____

I/We prefer the terms of this gift to remain anonymous.

Signature _____ Date _____

Signature _____ Date _____

Mail this form to : **Oregon Schools Foundation, 5721 Seaman Road, Oregon, Ohio 43616**

Please indicate if you are a graduate of Clay High School; and if so, the year of graduation:

- Alumni; Year _____ Attended Oregon City Schools; grades _____
Participated in: Sport(s) _____ Band Choir Limelighters Career Tech Programming
 Other _____