

Planned Gift Notification

It is my intent to leave a le	egacy gift to C	Cold Spring Harb	oor Laboratory as a b	eneficiary of my:
☐ Will ☐ Living Trust	☐ Retirement	t Plan Assets		
☐ Charitable Remainder T	rust 📮 Life 🛚	Insurance Policy	√ □ Other	
My gift is unrestric			_	•
I wish to restrict my legacy	y gift to suppo	ort		
I wish to inform CSHL for	long-term pur	poses only that,	as of this date	, the value
of my gift is approximately	r \$	(If your gift	is a percentage of your	estate, kindly indicate the
approximate value of that per	centage.) I und	erstand that, by	stating an amount, r	ny/our estate is not
legally bound by this states	ment and I ma	y choose to add	, subtract, or revoke	this bequest at any time,
at my sole discretion.				
☐ I would like to encourage	ge others to m	ake legacy gifts	and agree to have m	y name published on
lists of legacy donors. The	amount of you	ır intended gift <u>i</u>	is confidential and w	vill not be published.
☐ Please list my name inte	rnally only (N	lo outside public	cation)	
☐ Do not list my name eith	ner internally/	externally (Anoi	nymous gift)	
List your name as you wou	ıld like it in pr	rint:		
For CSHL records:				
Your Name(s)				
Address				
City	State	Zip		
Phone	Email			
Donor Signature(s)				
Today's date				

Please return this form to: Cold Spring Harbor Laboratory Advancement Office, One Bungtown Road, Cold Spring Harbor, NY 11768 \cdot ATTN: Dominique Stanley \cdot stanley@cshl.edu \cdot 516-367-8471

Your legacy ensures the future of Cold Spring Harbor Laboratory. We thank you!