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| **Gordonstoun American Foundation (GAF) Living Legacy Pledge Form** |
| **Your Details** Title: ………………………………………………………..  First Name(s): …………………………… Surname: …………………………………………………...  Address: …………………………………………………………………………………………………...  City: …………………………… State: ……………………….. ZIP Code: …………………………...  Telephone: ……………………………… Email: …………………………………………….................  🞏 Old Gordonstounian 🞏 Former Parent 🞏 Current Parent 🞏 Other: ……………………......  Years attended Gordonstoun (if applicable): ……………………………………………………………...  House: ……………………………………………………………………………………………………..  Signed: …………………………………………………………… Date: MM ….… DD ……. YY ……. |
| **Please check the following as appropriate, to give the Gordonstoun American Foundation (GAF) an indication of your wishes:**  🞏 I would like to become a member of the Kurt Hahn Foundation  🞏 I would prefer my Living Legacy to remain anonymous  **I would like to support GAF in the following way(s):**  🞏 Scholarship & Bursary Provision  🞏 Masterplan / Capital Projects  🞏 Where the School needs it most |
| **If you are happy to do so, please provide the following additional information:**  Date of Will: ………………………………… Date of Codicil (if applicable): ………………………  Type of Legacy: 🞏 Pecuniary 🞏 Residuary  Estimated value of the Legacy: $ …………………………………………..  **Lawyer Details:**  Lawyer Name: …………………………………………… Tel: ….............................................................  Company Name & Address: ………………………………………………………………………………  ……………………………………………………………………………………………………………... |

