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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 🞏 ResiduaryEstimated value of the Legacy: $ …………………………………………..**Lawyer Details:**Lawyer Name: …………………………………………… Tel: ….............................................................Company Name & Address: ……………………………………………………………………………………………………………………………………………………………………………………………... |

