



Bequest Intention Form

Name (First & Last) _____

Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Email _____

Date of Birth (mm/dd/yyyy) _____

Bequest Amount or Percentage _____

Additional Info _____

Please Check One:

- I wish to be listed as a supporter in upcoming programs
- Please do not include my name in any future supporter listings

PLEASE MAIL THIS FORM TO:

Charleston Gaillard Center
ATTN: Development Department
95 Calhoun St
Charleston, SC 29401