



Thank you for including Middlesex in your estate plans. Please fill out this confidential form and return it to the address listed at the end of this document or by email attachment to confirm your membership in the Winsor Society. The information you share with us is kept in the strictest confidence and is subject to the authorizations you provide below. Created in 1996, The Frederick & Mary Winsor Society recognizes the generosity of those alumni, parents, grandparents, and friends of Middlesex who have included the School in their estate plans. These planned gifts signify a partnership with Middlesex in its mission to provide an excellent educational experience for its students. All planned gifts, such as bequests and deferred gifts qualify a donor for membership in this society.

## **TYPE OF GIFT**

		ddlesex in my/our will or revocable trust*:		
		Amount: \$		
		Percentage% Est. value: \$		
	Other (describe):	1000 1 11		
*Note: remote contingencies do not qualify for membership				
		lesex as a beneficiary of:		
	☐ Life insurance Policy Face Value: \$ Cash Value: \$			
	Middlesex is (check one):Primary BeneficiarySecondary Beneficiary			
	Retirement Plan (IRA, 401k, 403b, SEP)			
	Middlesex interest:% Current value of plan: \$			
	Middlesex is (check one):Primary BeneficiarySecondary Beneficiary			
	Donor Advised Fund or Other (describe):			
I/V	 Ve have named Midd	lesex in a charitable trust:		
	Charitable Remainder			
	Market Value: \$	Middlesex interest:% Payout:%		
	Charitable Remainder	r Annuity Trust		
		Middlesex interest:% Payout: \$		
	Charitable Lead Annu			
		Middlesex annuity: \$ No. of years:		
	Other (describe):			

My/Our future gift is (check one):  ☐ Unrestricted	
☐ Designated for a specific program or pu	irpose (specify):
DOCUMENTATION	
☐ Yes! A copy of the portion of my/our v	vill that applies to Middlesex, or the trust rm in which the School is named, is attached
Winsor Society in official publications a	nited to the use of my/our names(s) only, and that
HOW I/WE WISH TO BE LISTED (Please Pri	nt):
SIGNATURE #1	
SIGNATURE #1	DATE
Please print name	Date of Birth
SIGNATURE #2 (if applicable)	DATE
	/ /
Please print name	Date of Birth
PLEASE RETURN THIS FORM TO:	

PLEASE RETURN THIS FORM TO: Middlesex Alumni & Development Office Attn: Winsor Society 1400 Lowell Road Concord, MA 01742