



THE SHAW SOCIETY

GIFT PLANNING | BOSTON COLLEGE

DONOR RECOGNITION

CONFIDENTIAL

Name _____

Spouse _____

Class year(s) and school(s) _____ Parent year(s) _____

Mailing address _____

Telephone _____ Email _____

Date of birth _____ Spouse date of birth _____

I / We have named Boston College Law School as a beneficiary in one or more:

- Will
- Trust
- Life insurance policy
- IRA, pension, or other retirement account
- Donor-advised fund
- Other (please specify) _____

Gift Amount _____ Gift Designation _____

For provisions reflected as percentages and remainders, please provide a good-faith estimate of the current gift value.

Will this gift to Boston College Law School be distributed following the death of any additional persons (e.g., spouse, child, or sibling)?

If yes, please share the name, relationship, and birth date of each individual. _____

Please enroll me/us in the Shaw Society:

- I/We may be included in a published list of Shaw Society members.
- I/We prefer to remain anonymous.

Donor Signature _____ Date _____

Donor Signature _____ Date _____

This form is used for gift recognition purposes only.



**BOSTON
COLLEGE**

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