

ROCKY HILL SCHOOL

530 Ives Road
East Greenwich, RI 02818
401-884-9070
fax: 885-4985
www.rockyhill.org

Standard Bequest Form

Donor Name: _____

Address: _____

Date of Birth: _____ Phone: _____

Fax: _____ E-mail: _____

Type of Provision Estimated Amount

I have made provision for Rocky Hill School, located in East Greenwich, Rhode Island, in my estate planing as follows:

Outright bequest in my will \$ _____

Provision in the will of my survivor(s) \$ _____

Survivor(s)' date(s) of birth: _____

Life Insurance Policy \$ _____

Trust under my will, Rocky Hill School the final beneficiary \$ _____

(Please include date of birth of income beneficiaries, or describe any other conditions)

Other *(please describe)* _____ \$ _____

TOTAL \$ _____

Signature: _____ Date _____