

Legacy Gift Pledge Form

Name			
Address			
City		State	Zip
Home Phone		Cell	
Email			
	nty College Foundation Scholarshi	_	
☐ Will ☐ Life Insurance Policy	☐ Living Trust☐ Retirement Assets	_	le Remainder Trust
Ene insurance i oney	Retirement Assets	other	
My/Our planned gift is:			
Unrestricted to provide max	imum flexibility for the OCC Foundation to	o pursue its mission.	
	Ocean County College priority (please con the proposed restriction can be honored):		
My/Our gift's approximate dollar amou	unt or percentage is (optional, but helps th	e Foundation with future planning):	
•	ership in the Ocean County College Legacy financial plans. I/We understand that men	• •	•
	other OCC Legacy Society members in Oc ed can inspire others to provide for the col	- ·	
Please list me/us as:			
☐ I/We prefer to be anonymou	s in publications, but wish to accept the o	ther benefits of membership.	
confidential. The undersigned acknowled are personally responsible for its satisfac	unty College Foundation details regarding yo dge that our commitment to be fully recogniz tion. Should, however, related payments be r n by like amount. This is not a legally binding	ed as a commitment to the Ocean County received from third parties, the Ocean Cou	y College Foundation, I/we unty College Foundation may

For more information, please contact the Foundation office directly at 732-255-0492 or foundation@ocean.edu.

PLEASE RETURN COMPLETED FORM TO: Ocean County College Foundation | College Drive, Toms River, NJ 08754

Attn: Legacy Campaign

Signature: _

