



NAME DR. MR. MRS. MS. _____

ADDRESS _____

PHONE HOME CELL WORK _____

CITY _____ STATE _____ ZIP _____

PREFERRED EMAIL _____

MY GIFT

I/We wish to support *The Legacy Society* with a bequest at the following level:

	<i>Irrevocable:</i>	<i>Revocable:</i>
Founders Circle	<input type="checkbox"/> \$500,000+	<input type="checkbox"/> \$1,000,000+
Framers Circle	<input type="checkbox"/> \$250,000+	<input type="checkbox"/> \$500,000+
Patriots Circle	<input type="checkbox"/> \$100,000+	<input type="checkbox"/> \$250,000+

<i>Irrevocable Gifts</i>	<i>Revocable Gifts</i>
<ul style="list-style-type: none"> • Third party irrevocable gifts: Charitable Remainder Trusts, Life Insurance Trusts, etc. 	<ul style="list-style-type: none"> • Beneficiary designation • Bequests in revocable will or trust

Estimated value of bequest or account(s) with beneficiary designation: \$ _____

Type of Bequest in Will or Trust:

- General Bequest (Cash)
- Residuary Bequest (_____%)
- Specific Bequest (Asset or Real Estate)
Specify: _____
- Contingent Bequest
Specify: _____

Type of Account with Beneficiary:

- Life Insurance Policy
Specify: _____
- IRA or Retirement Assets
Specify: _____
- Other
Specify: _____

Purpose of Gift:

- General Operations
- Restricted Bequest (*please specify*): _____

CONTACT INFORMATION

Trusted Advisor (Attorney or Financial Advisor):

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____

EMAIL: _____

Estate Contact (Executor or Trustee):

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____

EMAIL: _____

DOCUMENTATION

- Please find my paperwork enclosed
- I have emailed an electronic copy of my paperwork to mewers@hillsdale.edu
- Please contact me for information at the following phone number: _____

SIGNATURE:

Signature required to validate membership.