



HILLSDALE COLLEGE



Pledge Form

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+

Irrevocable Gifts

- Third party irrevocable gifts: Charitable Remainder Trusts, Life Insurance Trusts, etc.

Revocable Gifts

- 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 LegacySociety@hillsdale.edu
- ☐ Please contact me for information at the following phone number: _____

SIGNATURE: _____

Signature required to validate membership.