

**Great Basin College Foundation
Legacy Society Membership Form**

Name: _____

Address: _____

Home Phone: _____

Date of Birth: _____

I pledge to make a lasting gift through Great Basin College Foundation as indicated below:
(Please designate Great Basin College Foundation EIN# 94-2861434)

- Will
- Trust in which the Great Basin College Foundation is named as a beneficiary. Please indicate when Great Basin College Foundation's interest will take effect.
(Example: "Income to my spouse, then principal to Great Basin College Foundation")

Life Insurance Policy or Retirement Plan Beneficiary Designation

Charitable Gift Annuity (please describe)

Other (please describe) _____

My Attorney/Financial Advisor Contact Information: Name, Address, Phone:

If you have no objection, please enclose a copy of the pertinent section of your gift document mentioning Great Basin College Foundation. We will retain this in our confidential files as a record of your charitable intention.

Estimated amount of gift (optional): \$ _____ or _____ % of Estate.

My gift qualifies me for membership in the Legacy Society.

We are honored to recognize you in our Legacy Society materials unless you indicate otherwise.

I/we wish our names to be listed in the following manner:

I/we wish to remain anonymous.

Signature

Date

Please return this form to:
Great Basin College Foundation

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