



*Partners in the Legacy:
Planned Giving Recognition Society*

CONFIDENTIAL MEMBERSHIP FORM

As evidence of my/our desire to provide a legacy of support to Ripon, I/we hereby inform Ripon College that I/we have made a provision for a gift to the college in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time, unless accompanied by documentation making the commitment irrevocable.

| | | | | | | | |
|----------------------------|--|------------------------|--|---|--|------------------------|--|
| _____ Name (Class Year) | | _____ Date of Birth | | _____ Second Name (if joint gift) (Class Year) | | _____ Date of Birth | |
| _____ Phone | | _____ Email | | | | | |

- I/We have made provisions for the following planned gift(s) to Ripon College:
- | | |
|--|---|
| <input type="checkbox"/> Bequest/Trust in a Will | <input type="checkbox"/> Retirement Plan Assets |
| <input type="checkbox"/> Charitable Gift Annuity | - Primary Beneficiary: ____ Yes ____ No |
| <input type="checkbox"/> Pooled Income Fund | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Charitable Remainder Trust* | - Primary Beneficiary: ____ Yes ____ No |
| <input type="checkbox"/> Other Provisions: _____ | |

*If your CRT beneficiary designation is irrevocable, please enclose a copy of the trust document.

The approximate current value of my/our gift is \$ _____

** We hope that you will share the approximate amount of your gift with us so that the college will be able to recognize you and plan for the future appropriately. Any supporting documentation which you may be able to share with us would be helpful. Please attach if possible.

Use my/our gift for:

- Unrestricted Unrestricted Endowment Other: _____

All donors of future gifts to Ripon are enrolled in the *Partners in the Legacy* recognition society, regardless of the amount of their intention (or if no amount is stated).

Please indicate how your name(s) should appear on any recognition material. If no name is indicated we will list your name and class year as it appears on the printed materials you receive throughout the year.

Name(s) - as you wish them to appear.
_____ Please do not list my/our name(s) (This is an anonymous gift).

Date

Donor(s) Signature(s)

Please return the completed form to:

| | | |
|-------------------------|-----------------------|----------------------------|
| Toll Free: 877-231-0455 | Office of Advancement | |
| Fax: 920-748-9262 | Ripon College | |
| | P.O. Box 248 | Email: SeeligerC@ripon.edu |
| | Ripon, WI 54971-0248 | Phone: 920-748-8351 |