



### Membership Form

The Winona State University Foundation is included in our (my) estate plan, and we (I) accept your invitation to be enrolled as member(s) of the 1858 Legacy Society.

#### Donor Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

#### Gift Information

To help us in administering your gift, we would appreciate any supporting information you are willing to share, including a copy of the gift provision(s) for the Winona State University Foundation and contact information of your personal representative or trustee. We understand the value and type of your gift may change over time and would appreciate notification of such changes. Any information you share will be kept confidential.

- Will       Life Insurance Policy       Trust Agreement       Retirement Plan
- Other (please describe) \_\_\_\_\_

Purpose of Gift     Unrestricted     Restricted to \_\_\_\_\_

Approximate Value of Gift \$ \_\_\_\_\_ and/or % \_\_\_\_\_ of residue.

This statement of a future gift is not a binding commitment, and we (I) retain the right to change or revoke this gift at any time with or without notice to the WSU Foundation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR SUPPORTING THE WINONA STATE UNIVERSITY MISSION**

*A Community of Learners Improving our World*

