

Legacy Society Membership Form

*Name: _____

**Please fill-out the way you desire your name(s) to be listed on the Legacy Society list.*

Address: _____ City: _____

State: _____ Zip: _____

Phone numbers: Home: _____ Work: _____

E-Mail: _____

Birth Date(s): Self _____ / _____ / _____

Spouse _____ / _____ / _____

- I have included Charleston Southern University in my will or living trust.
- I have established an income-producing gift plan for the benefit of Charleston Southern University, such as a gift annuity or charitable trust.
- I have made other estate provisions naming Charleston Southern University as beneficiary, such as an insurance policy or retirement plan.
- The approximate current amount of my planned gift to Charleston Southern University is:
* \$ _____

**The above information is for accounting purposes only. It may be modified by the donor at any time.*

- My gift should be used for the following purpose: _____

All bequest gifts will be placed in the endowment unless otherwise specified. Attachments or letters which further describe the nature of the above provision(s) are welcome in addition to that section of the will or trust in which the University is mentioned. This information will remain confidential.

- I/We would be pleased to be included in any published listing of The Legacy Society membership. The name(s) will appear as listed on this form. The terms of my gift will remain confidential.
- I/We prefer not to be listed, but will accept other benefits of membership.

Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

Should any of the information change, please contact the Office of Planned Giving at Charleston Southern University.

Please fax, email or mail this form to:

Charleston Southern University
Office of Planned Giving
9200 University Boulevard
Post Office Box 118087
Charleston, SC 29423-8087
843-863-7517
Fax: 843-863-7795
advancement@csuniv.edu
www.charlestonsouthern.edu



