

## 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 Na	me (if joint gift) (Class Year) Date of Birth
Phone		Email	
☐ I/We have made pro	ovisions for the following	ng planned gift(s	s) to Ripon College:
☐ Retirement - Primary B	nce Beneficiary:	Yes	No
able to recognize you	will share the approxi	mate amount of re appropriately.	your gift with us so that the college will be Any supporting documentation which
Use my/our gift for: ☐ Unrestricted ☐ Ot	ther:		
All donors of future gifts of the amount of their in	-		n the Legacy recognition society, regardless
		, .	tion material. If no name is indicated we aterials you receive throughout the year.
Name(s) - as you wish the	em to appear.		
	em to appear. not list my/our name(s	) - this is an ano	nymous gift.

Please return the completed form to:

Toll Free: 877-231-0455

Office of Advancement Ripon College P.O. Box 248 Ripon, WI 54971-0248

Email: karstens@ripon.edu

Phone: 920-748-8351