M E D I C A L C E N T E R

## THE 1955 LEGACY SOCIETY MEMBERSHIP ENROLLMENT FORM

Last Name		First Na	ame			Initial
Address		City			State	ZIP
□ I have made		or				ned or deferred gift(s):
1. Gift through	□ Will	Irrevocable Trus	t	□ Revocab	le Trust	
□ Specific Amount		Charitable Remainder 7	Frust	🗆 Life	Estate to my Spous	se, Children or Others
□ Remainder of Esta	ate if my Heirs De	o Not Survive Me	□ Percen	t of Estate	%	Estimated Value
□ Remainder of Est	ate 🗆 Spec	cific Property (descripti	ion)			
Executor Name				Phone Nu	mber	
2. Gift through Charitable	Trust					Estimated Value
Charitable Lead	Trust 🛛 Charit	able Remainder Annuit	ty Trust 🛛	Charitable I	Remainder UniTrus	t
Trustee Name				Phone N	umber	
		eased to serve as trustee				
3. Gift through Life Insura	nce Policy					Cash Surrender Value
□ Old Policy □	New Policy	□ Term □ Who	ole Life	Other		
						Face Value
Company Name			Policy Num	ber		
Owner Name		F	Beneficiary I	Name		
4. Gift through Retirement						Estimated Value
□ Percentage%		□ 401(k)	□ IRA	Other		
-						
5. Gift through Paid on De	eath Arrangement	s with Financial Institu	tions			Estimated Value
□ Checking/Savings	Account	rtificate of Deposit	Brokerage	Account	Mutual Fund Accou	unt
Institution Name				Phone Nu	mber	
6. Gift through Land Deed						Estimated Value
Remainder Interest		□ Farm Oth	ner			
		Please contact UM	IMC in adva	ince.	_	
Purpose of the Planned or	<sup>•</sup> Deferred Gift					
Unrestricted for the	greatest flexibilit	y in support of The Univ	versity of M	ississippi Me	dical Center.	
□ Restricted for the fo	llowing purpose					
		epare a suitable Memora				
UMM	C is pleased to pro	epare a suitable Memora	andum of A	greement for y	our signature.	
How would you like your	name listed on th	e Legacy Wall?				
Signature				Date		
		cluded in published lis				
	of Mississippi Me	URN COMPLETED FO Indical Center · Office of E CION: Phone: 601-984-2.	Developmer	t · 2500 North	State Street · Jackso	

www.umc.edu/plannedgifts