

**SOUTHWESTERN UNIVERSITY**  
***THE 1840 SOCIETY***  
**Membership Application Form**

In recognition of our strong beliefs and confidence in the work of Southwestern, we confirm that we have made a deferred gift to Southwestern University.

**NAMES** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**BIRTHDAYS** \_\_\_\_\_

(His)

(Hers)

**I. TYPE OF DEFERRED GIFT TO SOUTHWESTERN UNIVERSITY:**

A. \_\_\_ Bequest \*

1. Outright bequest in my will \$ \_\_\_\_\_
2. Specific Property  
Description \_\_\_\_\_  
\_\_\_\_\_  
Estimated value \$ \_\_\_\_\_
3. Percentage bequest \_\_\_\_\_ %  
Estimated value of percentage bequest \$ \_\_\_\_\_
4. Residuary bequest  
Southwestern University's percentage of residue  
of estate \_\_\_\_\_ %  
Estimated value of bequest \$ \_\_\_\_\_

B. \_\_\_ Trust Arrangement with Southwestern University as a Beneficiary

Present size of trust corpus \$ \_\_\_\_\_  
Southwestern University's percentage of remainder interest \_\_\_\_\_ %

\*It would be helpful in measuring the effectiveness of our program if you would attach a copy of that portion of your will relating to Southwestern.

C. \_\_\_ Life Insurance Policy

Policy face amount \$ \_\_\_\_\_

Current cash value \$ \_\_\_\_\_

Policy number \_\_\_\_\_

Name of company \_\_\_\_\_

Type of policy \_\_\_\_\_

Southwestern University's interest subject to conditions (please describe)

\_\_\_\_\_

D. \_\_\_ Other Planned Gift (please describe) \_\_\_\_\_

\_\_\_\_\_

**II. PURPOSE OF DEFERRED GIFT TO SOUTHWESTERN UNIVERSITY:**

\_\_\_ Unrestricted to Southwestern University

\_\_\_ Restricted to \_\_\_\_\_

**III. MEMBERSHIP OPTIONS (including anonymity):**

\_\_\_ Please include us as members of *The 1840 Society* with the opportunity to participate in the various special programs available to members of *The 1840 Society*. List our names in *The 1840 Society* in the following manner:

\_\_\_\_\_

\_\_\_ Please include us as members of *The 1840 Society* with the opportunity to participate in the various special programs available to members of *The 1840 Society*, but do not list our names.

\_\_\_ We do not wish to be members of *The 1840 Society*.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Please return your application to Southwestern University, Office of Planned Giving, P.O. Box 770, Georgetown, Texas 78627.