

The Calvin S. Brice Society

I/We wish to be recognized through membership in the Calvin S. Brice Society of Miami University, based on the following planned gift provision:



Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____

Please check one:

- Include my/our name(s) as shown above in the Calvin S. Brice Society Honor Roll.
- I/We prefer to remain anonymous for publicity purposes but will accept other membership benefits.

Please check the appropriate items:

- I/We have included Miami University in our will or living trust.
- I/We have established the following life income gift for the benefit of Miami University:
 - Charitable Gift Annuity Charitable Remainder Trust Annuity
 - Charitable Remainder Trust Pooled Income Fund Account
- I/We have named Miami University as a beneficiary of my/our:
 - IRA Retirement Plan Life Insurance Policy

Although the following information is not required for membership in the Calvin S. Brice Society, your answers greatly assist Miami University's long-range planning. Specific terms of your gift will remain confidential.

Describe the details of your gift plan to benefit Miami University or attach a copy of the relevant documentation.

The gift is to benefit Miami University, or a specific college or program, as described:

Estimated value of gift: _____

Signature: _____