

PLEASE
COMPLETE
THESE
FOUR
SECTIONS.

1818 SOCIETY

SAINT LOUIS UNIVERSITY

Membership Enrollment Form

Complete and return this form in the enclosed envelope with copies of legal documents you wish to provide.

Saint Louis University
Office of Planned Giving
1 N. Grand Blvd.
DuBourg Hall, Room 304
St. Louis, MO 63103

Phone:
(314) 977-2357
(800) 758-3678

e-mail:
the1818society@slu.edu

Website:
plannedgiving.slu.edu

SEC.

1

To qualify for membership in the 1818 Society, I / we have made one or more of the following gift commitments to benefit Saint Louis University (please check all that apply.):

- Future gift by will or trust provision (Please provide contact information to ensure your wishes are carried out.)

Personal representative / trustee / attorney: _____

Address: _____

Telephone: () _____

- Charitable gift annuity
- Charitable remainder unitrust or annuity trust
- Pooled income fund
- Charitable lead trust
- Beneficiary designation on retirement plan asset, IRA, bank account or life insurance policy.

Issuing company: _____

Account number/policy number: _____

- Real estate with retained life estate
- Outright gift of life insurance policy (Policy ownership has been transferred to Saint Louis University.)
- Other: _____

SEC.

2

The following items are optional, but will assist Saint Louis University with its long-range planning.

My gift commitment to Saint Louis University is:

- Unrestricted Restricted for the following purpose(s): _____

- The estimated amount of my gift commitment is: \$ _____

SEC.

3

- I/we would be pleased to be included in University publications that list 1818 Society members.

Please print my/our name(s) as follows:

(Note: terms of your gift will remain confidential.)

- I/we prefer not to be included in University publications that list 1818 Society members.

SEC.

4

Name: _____ Date of birth: _____

Spouse's name: _____ Date of birth: _____

Address: _____ Telephone: () _____

Signature: _____ Date: _____

Signature: _____ Date: _____