



Membership Form

All planned gifts to Albright College qualify for recognition in the *1856 Legacy Society*. As an indication of my support for Albright, I am pleased to acknowledge that I/we have decided to establish the following gift:

- Bequest
- Charitable Gift Annuity
- Family/Living Trust Provision
- Charitable Remainder Trust
- Qualified Retirement Plan Designation
- Life Insurance
- Other

Description of provision:

I conservatively estimate the current value of the provision for Albright College to be approximately \$_____. Albright College recognizes that values are subject to change. Statements of support are used to help Albright College project future financial support and gift expectations. We realize that THIS IS NOT A BINDING LEGAL OBLIGATION.

Name: _____

Spouse's name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ E-mail: _____

Signature: _____ Date: _____

- I accept membership in the *1856 Legacy Society*.
- My name may be used in society recognition.
- I prefer that this gift remain anonymous.

Please send completed form to: Albright College Advancement Office
P.O. Box 15234
Reading, PA 19612-5234