



BEN CULLEY SOCIETY MEMBERSHIP INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

I AM PLEASED TO BE INCLUDED AS A MEMBER OF THE BEN CULLEY SOCIETY, ON THE FOLLOWING BASIS:

- BEQUEST PROVISION IN A WILL OR LIVING TRUST
- CHARITABLE GIFT ANNUITY
- CHARITABLE REMAINDER TRUST
- BENEFICIARY DESIGNATION:
 - IRA/RETIREMENT PLAN LIFE INSURANCE POLICY BANK ACCOUNT
- OTHER _____

APPROXIMATE GIFT VALUE: _____

DETAILS AND/OR DESIRED PURPOSE OF YOUR PLANNED GIFT: _____

YOU MAY LIST MY NAME IN COLLEGE PUBLICATIONS. PLEASE LIST AS (PLEASE INCLUDE YOUR SPOUSE IF YOU WISH):

I PREFER TO REMAIN ANONYMOUS IN COLLEGE PUBLICATIONS.

TO HELP US PLAN FOR OUR FUTURE, THE COLLEGE WOULD GREATLY APPRECIATE RECEIVING A COPY OF THE PERTINENT PORTION OF YOUR GIFT DOCUMENTATION. ALL INFORMATION WILL BE HELD IN CONFIDENCE.

OCCIDENTAL COLLEGE IS NOT CURRENTLY A BENEFICIARY OF MY/OUR ESTATE.

SIGNATURE

DATE

PLEASE RETURN THIS FORM, WITH DOCUMENTATION OF YOUR PLANNED GIFT, IF POSSIBLE, TO:



THE OFFICE OF GIFT PLANNING
Occidental College M-36
1600 CAMPUS ROAD
LOS ANGELES, CA 90041-3314
Tel. (323) 259-2644 • GIFTPLANNING@OXY.EDU