

Membership Form

To be added to the Black Robe Society, please complete the following information:
☐ I/We wish to be referred to asin any donor recognition materials.
□ Include my spouse as a Black Robe Society member.
$oldsymbol{\square}$ I prefer to remain anonymous and do not wish to be recognized publicly at this time.
Information to help the College plan for the future:
The estimated value of my gift is:
□ % of my estate, currently valued at \$
□ % of my retirement plan/life insurance, currently valued at \$
I/We are pleased to acknowledge that I/we have named Le Moyne College as a beneficiary in my/our:
□ Will/Living Trust
☐ Retirement Plan
☐ Charitable Remainder Trust
☐ Charitable Gift Annuity
☐ Life Insurance Policy
□ Other

