



**CORINTHIAN SOCIETY  
CONFIDENTIAL MEMBERSHIP FORM**

As the university plans for the future, the information you provide about your planned gift is extremely valuable to the Georgia College & State University Foundation. All information you provide will be *treated in strictest confidence* and maintained in confidential files. We encourage you to allow us to recognize your gift commitments since this may encourage others to follow your lead. While it is always helpful to know the estimated amount of your intended gift, that information is optional.

The Georgia College & State University Foundation recognizes all those making long-term provisions to benefit the college as members of the *Corinthian Society*.

Name(s) (if you would prefer to be listed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your date of birth: \_\_\_\_\_ Spouse's date of birth: \_\_\_\_\_

My/our attorney and/or financial advisor(s) are: \_\_\_\_\_  
\_\_\_\_\_

Completing this section is optional:

As an indication of my/our support for Georgia College and its programs, I/we am pleased to confirm that I/we have established a lasting legacy for \_\_\_\_\_ (Georgia College or the name of a particular program).

***Please tell us what inspired your gift and what you would like it to accomplish:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we would like this gift to be \_\_\_\_ In Honor of or \_\_\_\_ In Memory of \_\_\_\_\_

I/we conservatively estimate the current value of my/our provision to be approximately \$\_\_\_\_\_. The Georgia College & State University Foundation recognizes that values are subject to change and dependent upon unforeseen circumstances. This information will be used only to help Georgia College project possible future financial support and *is not considered a legally binding obligation*.



I/we have made the following gift to support the Georgia College & State University Foundation:

- A gift in my/our will of \$ \_\_\_\_\_
- \_\_\_\_\_% of my/our residual estate (current estimated value of total estate is \$ \_\_\_\_\_)
- Real Estate \$ \_\_\_\_\_
- Insurance policy beneficiary designation \$ \_\_\_\_\_
- Retirement plan beneficiary designation \$ \_\_\_\_\_
- Testamentary trust \$ \_\_\_\_\_
- Beneficiary of CDs, securities or bank accounts \$ \_\_\_\_\_
- Charitable Remainder Unitrust (CRUT) remainder amount \$ \_\_\_\_\_
- Charitable Remainder Annuity Trust (CRAT) remainder amount \$ \_\_\_\_\_
- Commercial Annuity beneficiary designation \$ \_\_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_

This gift to the Georgia College & State University Foundation is:

- \_\_\_\_\_ Unrestricted (for programs deemed a priority by the university)
- \_\_\_\_\_ For general endowment (the corpus remains intact)
- \_\_\_\_\_ For a named endowment (must be at least \$10,000 to establish)
- \_\_\_\_\_ Specifically for \_\_\_\_\_

\_\_\_\_ I/we enclose a copy of the relevant section of my/our will, trust or beneficiary document to be held by the Georgia College & State University Foundation in strict confidence.

I/we worked with the following advisor to establish this gift:

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

- My/our name(s) may be published as a member(s) of the *Corinthian Society*.
- I/we prefer to remain anonymous.

If you have any questions, please contact Elizabeth Hines, Director of Legacy Giving, Georgia College, Campus Box 96, Milledgeville, GA 31061 • office (478) 445-1944, fax (478) 445-5744, [elizabeth.hines@gcsu.edu](mailto:elizabeth.hines@gcsu.edu)

***Thank you for your generous support!***