

Superior Legacy Society Profile Form

Please provide the following information to become a member of the *Superior Legacy Society*. All information is kept in the strictest confidence except for name recognition purposes.

Name(s): *

Address: *

City/State/Zip: *

Telephone:

E-Mail:

* Indicates a required field

Association to Lake Superior State University:

I am: an alumnus a friend

I have named Lake Superior State University as a beneficiary of my:

- Will/trust for:
 a specified amount \$_____ (optional)
 a specified percentage _____% (optional)
- Life Insurance Policy
- Charitable trust as remainderman
- IRA or retirement plan
- Other (please specify):

My gift is:

- Unrestricted
- Designated for:
(name program, current scholarship, or campaign)

Estimated current value (optional) as of (date) (optional)

Please check one:

- LSSU may include my (and, if applicable, my spouse's) name in the *Superior Legacy Society* listings. (The amount and designation, if provided, **WILL NOT** be included on the listing.) Please list my/spouse name as follows:

- I am honored to be considered as part of the *Superior Legacy Society*; however I prefer to remain anonymous. Please do not include my/spouse name in the *Superior Legacy Society* listings or publications.