



HENRY SUZZALLO SOCIETY

MEMBERSHIP INFORMATION

Name(s): _____
Mailing Address: _____

City State Zip: _____
Email: _____
Phone: _____

I/We understand that membership is based on information provided about my/our future gift to the University.

The gift is from: a sole donor joint donors

The University of Washington has been included in my/our:
 will living trust charitable remainder trust charitable lead trust

The University of Washington has been named as a beneficiary of my/our:
 retirement plan or IRA life insurance policy other: _____

In order to ensure that the University can fulfill your intentions when your gift is received, it is helpful for us to know the purpose of your gift and the approximate amount.

Purpose of gift: _____

Approximate amount: _____

We would also appreciate a copy of the relevant portion of the legal document(s) related to your intended gift, or a letter from your legal or financial advisor that describes the nature and purpose of your gift. *(This is helpful but not a requirement to become a member of the Henry Suzzallo Society.)*

I/We would be pleased to be listed in University publications and to share information about our future gift with the benefitting program(s).

I/We would prefer to be anonymous in any publications, but accept the other benefits of membership.

Signature: _____
Date: _____

Signature: _____
Date: _____