

Benefactor Society
Acceptance of Membership Form

Name(s) _____

Class _____ My main campus affiliation is with: Gorham _____ Portland _____ L/A

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____

Birth date(s) _____

E-mail _____

Social Security No.(s) _____

Yes, please register me/us on the rolls of USM's *Benefactor Society*. My/our membership acceptance will be made out in the following name(s)

(Please print exactly as you want them to appear)

I prefer *anonymous* membership.

Date: _____

My gift to the University of Southern Maine, University of Southern Maine Foundation is in the following form:

<u>Type of Provision</u>	<u>Estimated Amount</u>
Bequest	_____
Trust Under Will	_____
Charitable Gift Annuity	_____
Deferred Gift Annuity	_____
Charitable Remainder Trust	_____
Retirement Plan	_____
Life Insurance	_____
Charitable Lead Trust	_____
Outright Gift for Endowment	_____
Other	_____

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If your gift is to benefit a particular area of the University, please specify:

Please send me sample bequest language for my attorney's review

Attorney's name _____

Contact Information:

Mail to:
Elizabeth Shorr
Vice President
University Advancement and Planning
University of Southern Maine
P.O. Box 9300, Portland, ME 04104-9300

or call: (207) 780-4708

or email: eshorr@usm.maine.edu

Note: The information on this form will be held in the strictest confidence and placed in secure confidential files.