



Donor Statement of Intent to Become a Member of

The Legacy Society of

Pellissippi State Community College Foundation, Knoxville, Tennessee

Name _____ Date _____ Birthdate _____
Please Print

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email Address _____

Description of Gift (type/value)

- Bequest through will or living trust
Charitable Trust (select one) _____ unitrust _____ annuity trust
IRA, retirement plan, or insurance _____
Other (please describe) _____

I _____ have provided or, _____ will provide the College a copy of that portion of our wills or other instrument that pertains to the Pellissippi State Foundation.

With the understanding that values are subject to change, at this time we estimate the value of our gift to be approximately \$ _____ in today's dollars.

- This is an update of a previously documented gift plan.

Purpose of Future Gift

- This gift is to be unrestricted and may be used where the need is greatest at Pellissippi State.
Specific campus or campuses to benefit:
___ Blount ___ Division Street ___ Hardin Valley ___ Magnolia Avenue ___ Strawberry Plains
I wish to specify that this gift be used for the following purpose(s):

Notification of Campus Officials

- I give permission for name(s) to be recognized in donor display on campus and in annual report.
It is my intent that this gift remain Confidential. Our names will not appear in publications.
I would like a college representative to discuss the details of what information may or may not be disclosed concerning this gift and what recognition or opportunities I would like to receive.

Note: It is mutually understood that this intent does not constitute a binding contract.

Please return to the Pellissippi State Foundation, 10915 Hardin Valley Road, Knoxville, TN 37933, (865) 694-6528

The foundation tax identification number is 58-1493050.