



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 (circle 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) 694-6525

The Foundation tax identification number is 58-1493050.

