SOCIETY OF 1819

ENROLLMENT FORM

Membership in the SOCIETY OF 1819
is reserved for those who have included Maryville College in their estate plans.

NAME(S) *as it (they) should appear in the Society of 1819 membership listing.*

STREET ADDRESS CITY STATE ZIP

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS *if available*

____ *I/we accept membership in the Society of 1819. As an expression of my/our commitment to Maryville College, I/we have provided for the College in the following manner:*

____ BEQUEST

____ LIFE INSURANCE

____ LIVING TRUST

____ GIFT ANNUITY

____ CHARITABLE REMAINDER TRUST

____ CHARITABLE LEAD TRUST

____ BENEFICIARY DESIGNATION OF RETIREMENT PLAN

in the approximate amount _____(confidential)

Although providing an approximate value of your gift is not requisite, it helps the College plan for the future.

_____
DATE

_____
SIGNATURE

MARYVILLE COLLEGE
IN THE GREAT SMOKY MOUNTAINS

Please return form to:
Maryville College Office of Planned Giving
502 E. Lamar Alexander Parkway
Maryville, TN 37804-5907
Phone 865.981.8198
email:plannedgiving@maryvillecollege.edu