

UPSTATE MEDICAL UNIVERSITY
COLLEGE OF MEDICINE

Legacy Society

Acceptance of Membership

Name _____

Class Year _____

Address _____

City _____

State _____ Zip _____

Home Telephone _____

Office Telephone _____

Fax _____

E-mail _____

- Please contact me to discuss gift-planning opportunities that may benefit both the College of Medicine and myself.

The best time to reach me is: _____

Carole Novick, Executive Director
Lori Murphy, Associate Director
SUNY Upstate Medical University
155 Elizabeth Blackwell Street
Syracuse, NY 13210
315-464-4361
novickc@upstate.edu

over

Please tell us a little bit about yourself—such as family, career, interests, hobbies—for use in recognition of your philanthropy (optional).

- I qualify for membership in the Legacy Society by having placed the Syracuse Health Science Center Medical Alumni Foundation (*our legal name*) in my estate plan as follows:
 - Outright bequest in my will
 - Provision in the will of the survivor of my spouse and myself
 - Trust under my will with Syracuse Health Science Center Medical Alumni Foundation as the final beneficiary
 - Beneficiary of my life insurance policy
 - Beneficiary of my individual retirement plan

We encourage all donors to provide a copy of the section of the will or trust in which our institution is mentioned so that we may accurately plan for the future. We respect your desire to remain anonymous if you so choose.