



1866 Legacy Society Interest Form

We invite you to join the 1866 Legacy Society by sharing your interest in leaving a legacy for future generations at Fisk. Please complete this form and a member of our team will be in touch.

Name: _____ Class Year (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I am interested in learning more about: (Please check all that apply)

☐ Including Fisk University in my will or trust

☐ Naming Fisk University as a beneficiary of my retirement plan or my life insurance policy

☐ Establishing a charitable gift annuity ☐ Making a gift of real estate, securities, or other assets

☐ Other (please specify): _____

I have already included Fisk University in my estate plans:

☐ Yes ☐ No ☐ I would like to discuss confidentially

If yes, please specify type of gift (optional): _____

How would you prefer we contact you?

☐ Phone ☐ Email ☐ Mail

Thank you for your interest in creating a lasting legacy at Fisk University! A member of our team will follow up with you soon.

BELOW IS FOR INTERNAL USE ONLY

Admin Name: _____ Date: _____