**Membership Application: Evangeline Burgess Legacy Society**

Member Contact Information:

_____
Name(s)

_____
Address

_____
City

_____
State Zip

_____
Email

_____
Phone

Eligibility for Evangeline Burgess Legacy Society Membership—I/we have done the following:

☐ Included a gift for Pacific Oaks College/Children's School in my/our will or living trust.

☐ Named Pacific Oaks College/Children's School as a beneficiary of a life insurance policy or a retirement account (IRA, 401(k), 403(b), etc.).

☐ Established a charitable gift annuity at Pacific Oaks College/ Children's School.

☐ Named Pacific Oaks College/Children's School as the beneficiary of a charitable remainder trust.

**Please return this form to:**
Office of Advancement
Pacific Oaks College and Children's School
55 Eureka Street
Pasadena, CA 91103
626.529.8091
POCAdvancement@pacificoaks.edu

Designated purpose of your gift:

_____

_____

Approximate amount (optional):

_____

Recognition:

☐ I/we would be pleased to be listed In Pacific Oaks publications recognizing members of the Burgess Legacy Society.

☐ I/we would prefer to be anonymous in any publications or honor roll.

_____
Signature Date

_____
Signature Date