



Lawrence-Downer Legacy Circle

Yes! I would like to be recognized with membership in the Lawrence-Downer Legacy Circle. I have provided for the college as follows:

- I have named Lawrence in my will.
- I have arranged for a gift to Lawrence as follows:

I am considering membership and would like more information on the following:

- A bequest to Lawrence.
- Gifts that will provide income to me or other individuals.
- Other _____

ALL INFORMATION IS HELD IN CONFIDENCE

Date

Class year LU M-D

Name

Address

City

State/Province

ZIP/Postal code

Country

Home phone

Work phone

Do not publish or release

Preferred email

- Lawrence has my permission to print my name on the Legacy Circle roster.

Please list my name as follows:

Name

Class of LU M-D

- Please withhold my name from publications.

Please fax or mail this form to:

Lawrence University
 Office of Planned Giving
 P.O. Box 599
 Appleton, WI 54912-0599
 920-832-6517
 Fax: 920-832-6784