

Hopwood Society

Complete form and send to
Advancement Office
1501 Lakeside Drive
Lynchburg, Virginia 24501

Name(s): _____

Class Year(s): _____
Birth Date(s): _____
(Print clearly) (Print clearly)

The Hopwood Society is our recognition society for Planned Giving Members, who are acknowledged in the Annual Report.

- Yes- I/We wish to become Hopwood Society Member(s)**
If yes, please complete the form below.
- No- I/We wish to not become Hopwood Society Member(s)**

As a Hopwood Society Member, how would you like your name(s) to appear in future recognition? (example: Mr. John Smith '65, Mr. John '65 & Mrs. Joan Smith '66)

- 1. I/We have named Lynchburg as a beneficiary in my [check one]
 - Will** **Charitable Trust** **Retirement Plan** **Life Insurance Policy**

(Please share supporting documentation.)

- 2. My/Our planned gift amount is for \$ or % _____
This gift is [check one] **Specific amount** **Approximate amount**
 - a. My/Our planned gift is [check one]
 - Unrestricted**
 - Restricted for** _____

- 3. Please share **names and contact information** for your advisors such as lawyers, accountants, financial advisors, executors, and key family members.
Feel free to use back of form, if needed.

Signature(s): _____ Date: _____
_____ Date: _____