THE UNIVERSITY OF MISSISSIPPI

THE 1848 SOCIETY MEMBERSHIP ENROLLMENT FORM

Last Name___________________________________________ First Name_________________________________________ Initial__________
Address______________________________________________City ________________________________State__________ ZIP_____________

☐ I have made or ☐ I intend to make the following planned or deferred gift(s):

1. Gift through ☐ Will ☐ Irrevocable Trust ☐ Revocable Trust
   ☐ Specific Amount ☐ Charitable Remainder Trust ☐ Life Estate to my Spouse, Children or Others
   ☐ Remainder of Estate if my Heirs Do Not Survive Me ☐ Percent of Estate __________% Estimated Value
   ☐ Remainder of Estate ☐ Specific Property (description)________________________________________
   Executor Name__________________________________ Phone Number________________________________

2. Gift through Charitable Trust
   ☐ Charitable Lead Trust ☐ Charitable Remainder Annuity Trust ☐ Charitable Remainder UniTrust
   Trustee Name__________________________________ Phone Number________________________________
   The UM Foundation is pleased to serve as trustee. If another trustee has been named, please indicate above.

3. Gift through Life Insurance Policy
   ☐ Old Policy ☐ New Policy ☐ Term ☐ Whole Life ☐ Other _________________ Cash Surrender Value
   Company Name________________________________ Policy Number__________________________
   Owner Name__________________________________ Beneficiary Name________________________________

4. Gift through Retirement Plan
   ☐ Percentage ___% ☐ Amount ☐ 401(k) ☐ IRA ☐ Other _________________ Estimated Value
   Plan Administered through ___________________________ Phone Number________________________

5. Gift through Paid on Death Arrangements with Financial Institutions
   ☐ Checking/Savings Account ☐ Certificate of Deposit ☐ Brokerage Account ☐ Mutual Fund Account
   Institution Name________________________________ Phone Number________________________

6. Gift through Land Deed
   Remainder Interest in ☐ Home ☐ Farm ☐ Other _________________ Estimated Value
   Please contact the Office of Development in advance.

Purpose of the Planned or Deferred Gift
☐ Unrestricted for the greatest flexibility in support of The University of Mississippi Medical Center.
☐ Restricted for the following purpose_______________________________________________
☐ Endowed for the following purpose________________________________________________
   The UM Foundation is pleased to prepare a suitable Memorandum of Agreement for your signature.
   Signature ___________________________________________ Date________________________

☐ I prefer that my name not be included in published lists of the 1848 Society members.

PLEASE RETURN COMPLETED FORM and SUPPORTING DOCUMENTS to:
The University of Mississippi Medical Center, Office of Development • 2500 North State Street • Jackson, MS 39216
FOR MORE INFORMATION: Phone: 601-984-2300 or 888-984-4483 • Fax: 601-984-2301 • E-mail: cporter@dev.umsmed.edu
giveto.umc.edu