

CONFIDENTIAL MEMBERSHIP FORM



1 I/We accept with pleasure membership in Trinity Oaks Society through the following planned gift commitment to benefit the ministry of Christian higher education.

- Will provision or Living Trust
- Charitable Gift Annuity, Charitable Remainder Trust or other deferred gift
- Life insurance policy, retirement plan
- Other provision for Trinity described below:

2 *Optional:*

- a. The estimated percentage of my/our future gift to Trinity is _____%.
- b. The estimated current value of my/our future gift to Trinity is approximately \$ _____ for:
 - where most helpful
 - designated area (specify) _____

3 Name(s) *(please print)* _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Home Phone (_____) _____ Office/Cell (_____) _____

4 I/We would be pleased to be listed as member(s) of The Trinity Oaks Society in Trinity Christian College publications to serve as encouragement for others to join. My/Our name(s) should appear as follows:

I/We prefer to be listed anonymously.

5 Signature _____ Date _____

Signature _____ Date _____

Please return to: The Trinity Oaks Society, Trinity Christian College, 6601 W College Dr, Palos Heights, IL 60463