



**1865 Trust  
Membership Form**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I have included the KAOEF as beneficiary of my trust or estate plan in the following way:**

- Bequest (Will or Living Trust)
  - Percentage (\_\_\_\_\_ %)
  - Specific
  - Other \_\_\_\_\_
- Residual (\_\_\_\_\_ %)
- Contingency

- Retirement Plan *1865 Trust*
  - Percentage (\_\_\_\_\_ %)
  - Other \_\_\_\_\_

- Charitable Trust
  - Present size of trust corpus \$ \_\_\_\_\_
  - KAOEF's % of remainder or lead trust \_\_\_\_\_ %
  - Trustee (if other than KAOEF) \_\_\_\_\_

- Life Insurance Policy
  - Policy face amount \$ \_\_\_\_\_
  - Current cash value \$ \_\_\_\_\_
  - Type of policy \_\_\_\_\_
  - Policy number \_\_\_\_\_
  - Company Name \_\_\_\_\_

- Other \_\_\_\_\_

**The estimated value of my gift is:** \$ 116,871 net

**I intend this gift to be used for:**

- Unrestricted to KAOEF
- Restricted to (scholarship, educational programs, internship, etc.)

**Donor Recognition:**

- Please include me as a member of the 1865 Trust with the opportunity to participate in special programs or events.  
List my name for recognition as follows: \_\_\_\_\_
- I prefer to remain anonymous. Please do not publish my name.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature** **Date**