

Office of University Advancement

## My Estate Includes Marshall B. Ketchum University

Southern California College of	f Optometry Schoo	ol of Physician Assistant Studie	s College of Pharmacy	
The information in this form is considered highly con provide will be used only to assure your gift is directe				
Name(s)	Recognition Name (if different)			
Address	City	State	ZIP	
Phone		Email		
Year of Graduation (if applicable)		Birth Date(s)		
My planned gift includes:				
☐ Bequest from will or trust		Beneficiary of IRA, life insurance or other retirement plan		
Charitable Gift Annuity		Charitable Remainder Trust		
Other (please describe)		Real Estate		
The estimated value of this gift as of today	' <b>s date</b> is \$			
☐ I would like to be listed as a member of estate gifts). Please include my/our nar recognition as shown above in "recogni	ne(s) without disclosur		-	
☐ I would like this gift to remain anonymother campus recognition now or in the		ease do not include me in the V	isionaries Society mailings or in	
This statement is an expression of my cur on my estate and that this information is	-			
		Date	_	
		Date		
☐ I am interested in including MBKU in m	ny Estate Plans, please c	ontact me.		

Please contact the Office of University Advancement by emailing **plannedgiving@ketchum.edu** or by phone **714.463.7551** for information or assistance. This form may be returned to the Office of University Advancement.