Please return the form below, and we will send you information about deferred giving opportunities, along with an application for membership in the University Legacy Society.

**NAME**
- **FIRST**
- **LAST**
- **E-MAIL**

**MAILING ADDRESS**
- **STREET**
- **CITY**
- **STATE/ PROVINCE**
- **ZIP CODE**
- **COUNTY**
- **COUNTRY**

**PHONE**
- **HOME PHONE**
- **WORK PHONE**
- **FAX**

**I HAVE INCLUDED LAWRENCE TECH IN MY WILL**
- □ YES
- □ NO

**I HAVE MADE A PLANNED GIFT TO LAWRENCE TECH**
- □ YES
- □ NO

**I PLAN TO INCLUDE LAWRENCE TECH IN MY WILL**
- □ YES
- □ NO

**I ANTICIPATE MAKING A PLANNED GIFT TO LAWRENCE TECH**
- □ YES
- □ NO