

**Bellarmino Society Membership Form**

**The Bellarmine Society of Fairfield University**

I am (we are) pleased to accept membership in The Bellarmine Society of Fairfield University because of the following:

- I have included Fairfield in my will or living trust.
  - With a specific amount of \$ \_\_\_\_\_
  - With \_\_\_\_ % of my gross estate
  - With \_\_\_\_ % of my net estate
- I (we) have established a life-income plan with Fairfield.

\_\_\_\_\_  
(Type of life-income plan)

- I (we) have established an insurance policy naming Fairfield as \_\_\_\_\_ beneficiary \_\_\_\_\_ owner.
  - I (we) have made other estate provisions for Fairfield.  
(Please describe below.)
- \_\_\_\_\_
- \_\_\_\_\_

I (we) would like my (our) name to appear in The Bellarmine Society records as follows:

Name (Please Print)

\_\_\_\_\_

Address (Please Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date \_\_\_\_\_

Please print this page and mail it to:

Office of Planned Giving  
Fairfield University  
1073 North Benson Road  
Fairfield, CT 06824