



*Arapahoe Community College Foundation Legacy Society  
Membership Form*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

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

Attorney/Financial Planner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_ I/we authorize the Arapahoe Community College Foundation to list the following name (s) as members of the Arapahoe Community College Foundation Legacy Society.

\_\_\_\_\_

Please describe below the instructions found in your will or trust pertinent to the Arapahoe Community College Foundation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ I/we have made provisions for a gift, but wish to be listed as anonymous members at this time.

*This statement is non-binding.*