

OTC LEGACY SOCIETY

The OTC Legacy Society provides a way for the OTC Foundation to recognize and celebrate the philanthropy of generous individuals who have made plans to include Ozarks Technical Community College in a future "planned" gift.

| Name (as you wish it to appear in print): | | | |
|---|------|-------|--|
| Address: | | | |
| City, State, Zip: | | | |
| Telephone: | | | |
| Email: | | | |
| I/we have made the following provision for a gift to Bequest Charitable Remainder (life income) True Life Insurance Other: | ist | · | |
| Name of estate planner who assisted: | | | |
| Bequests of \$10,000 or more qualify to be a separa If this is the case, indicate the name and purpose of | | l. | |
| Fund Name: | | | |
| Fund Purpose: | | | |
| I/we accept membership in the Legacy Society | □Yes | □No | |
| Signature: | | Date: | |
| OTC Foundation Authorization: | | Date: | |