



Legacy Society Form

Yes, I have provided for College of the Siskiyous in my estate plan.

Please enroll me as a member of the College of the Siskiyous Legacy Society.

Please print.

Title: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone _____ Evening Phone: _____

Email: _____

Please list me as a member in your publications.

Return this completed form to: College of the Siskiyous Foundation, 800 College Ave., Weed, CA 96094

Phone: (530) 938-5373

Fax: (530) 938-5570

Email: foundation@siskiyous.edu