



# 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 \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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

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  
Call 530-938-5373 Fax 530-938-5570 email: [pio@siskiyous.edu](mailto:pio@siskiyous.edu)