



St. Michaels
University School

LEGACY CIRCLE

I am pleased to inform you that I have included St. Michaels University School as a beneficiary as follows:

Bequest (Will) Retirement Plan (RRSP/RRIF)

Other: _____

I estimate the current value of this gift to be: \$ _____

Name: _____

Maiden Name: _____ **Class Year:** _____

Address: _____

City: _____ **Province:** _____ **Postal/Zip:** _____

Phone (Home): _____ **(Work):** _____ **Email:** _____

Signature: _____

All donors of deferred gifts are recognized as members of the St. Michaels University School Legacy Circle and are invited to special events with the school.

Please include my name in the Legacy Circle Member List

I wish to remain anonymous

I would like further information, please contact me

Please return this completed form by mail or email to:

St. Michaels University School
The Legacy Circle Advancement Office
3400 Richmond Rd, Victoria BC, V8P 4P5
Email: shara.campsall@smus.ca
Phone: 250-370-6197

Thank you for your thoughtful support of SMUS's future!