



# W.S. LEWIS HERITAGE ROLL OF HONOR



*Bishop Wilson Seeley Lewis*

The W.S. Lewis Heritage Roll of Honor recognizes individuals and families who have placed Morningside University in their estate plans. Membership is by written confirmation of your deferred gift arrangements. By joining, you ensure the future of Morningside and provide educational opportunities for generations of students.

***Please check the appropriate boxes below:***

- ☐ Yes, I/we wish to become a member of the W.S. Lewis Heritage Roll of Honor.
- ☐ I/We have included Morningside University in my/our ☐ Will or ☐ Living Trust as follows:
  - ☐ As a recipient of a designated percentage of my estate. Percent \_\_\_\_\_.
  - ☐ As a recipient of a specific amount of my estate. Amount \_\_\_\_\_.
  - ☐ As a recipient of the residue of my estate.
- ☐ I/We have created a legal charitable trust with Morningside University as a beneficiary.
- ☐ I/We have purchased a charitable gift annuity through Morningside University.
- ☐ I/We have provided a gift of property to the University with a life estate reserved.
- ☐ I/We have made a current gift to endowment.
- ☐ I/We have named Morningside University as beneficiary of an: ☐ insurance policy or ☐ IRA.

***Because I/we have provided for Morningside University through one of the methods checked above, I/We understand that I/We qualify for membership in the W.S. Lewis Heritage Roll of Honor.***

- ☐ I /We accept membership in the W.S. Lewis Heritage Roll of Honor and grant Morningside University permission to publish my/our name(s) with the list of Heritage Roll of Honor members.

***I/We would like the gift directed as follows:***

- ☐ **Unrestricted**
- ☐ **Restricted to:** \_\_\_\_\_
- ☐ **Restricted to the endowment**
- ☐ **Restricted to capital projects**

Name (signed) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***If applicable:***

Spouse (signed) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Please print the following:***

Publication Name(s) \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Return to: **Morningside University**  
Institutional Advancement Office  
1501 Morningside Ave  
Sioux City, IA 51106

Or, if you have any questions,  
contact **JJ Marlow** at (712) 274-5424  
or by email at: [marlow@morningside.edu](mailto:marlow@morningside.edu)