



Hannibal-LaGrange University

# STEEPLE SOCIETY

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female

Age \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Are you an Alumnus?

Yes  No

If yes, what year did you graduate?

I have included HLGU in my will.

Do you wish to remain anonymous?

Yes  No

I would like more information about planned giving

Would you like a representative to contact you?

Yes  No

*Please return completed form to: HLGU Institutional Advancement*



*Institutional Advancement*

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