

CONFIDENTIAL MEMBERSHIP FORM

Welcome to _____ **Society**, a society that recognizes all those who have included _____ in their long-term plans through a bequest provision in their Will or trust, a life-income gift or other deferred gift.

Name(s) _____ Date of Birth ____/____/____
(please print)

Name(s) _____ Date of Birth ____/____/____
(please print)

I/We have included _____ in my/our will

A specific bequest of \$ _____

A percentage bequest of _____%. Estimated value \$ _____

Other (describe): _____

I/we have made arrangements for _____ for the following:

A life insurance policy.

Death benefit \$ _____ Current cash surrender value \$ _____

The Foundation is Primary beneficiary Secondary beneficiary (please check one)

A Qualified Retirement Plan (IRS, 401k, 403b)

Foundation interest _____% Current market value of plan \$ _____

The Foundation is Primary beneficiary Secondary beneficiary (please check one)

Charitable Remainder Unitrust or Annuity Trust

Foundation interest _____% Current market value of trust \$ _____

Testamentary Charitable Lead Trust

Foundation interest _____% Expected payout \$ _____

PURPOSE

My/our future gift is:

- Unrestricted
- Restricted for the following purpose (please specify)

DOCUMENTATION

- Yes, I/we will share a copy of the portion of the will that applies to _____ or the trust agreement or Change of Beneficiary Form (401k, 403b, IRAs, Insurance) in which the Foundation is named.

AUTHORIZATION FOR USE OF NAME

- I/we authorize _____ to include my/our name(s) on the membership list of The _____ in publications and on public recognition displays. I/we understand that this authorization is limited to the use of my/our name(s) only, and that the type and amount of my/our gift to the Foundation will remain confidential.
- I prefer to remain an anonymous member of the _____ Society.

Signature

Date

Signature

Date