



LEGACY SOCIETY MEMBERSHIP FORM

This form is to advise St. Paul's of my philanthropic intent to make a planned gift and will be held in the strictest confidence. It does not represent a legal obligation and may be changed at any time.

Donor Name: _____ Is this a joint gift? (Y/N) _____

Spouse Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Spouse Date of Birth: _____

Wedding Anniversary: _____

Type of Planned Gift:

- Bequest in Will
- Bequest through Living Trust
- Retirement Plan Funds
- Other (please list) _____
- Life Insurance Policy
- Charitable Remainder Trust
- Charitable Gift Annuity

As of this date, the value of my gift is \$ _____. *(Disclosure of this information, while appreciated, is not required. If unsure of the amount, please estimate.)*

Any additional information you'd like to share: *(i.e. name of attorney or trust officer, name of company, policy number, contact information, etc.)* _____

It is my wish that this gift be utilized as follows:

- Benevolent Care for Residents
- Life Enrichment for Residents
- Other _____
- Where Needed Most
- Staff Appreciation
- Staff Education

Legacy Society Membership Recognition

- To help encourage others to make a legacy gift, please feel free to publish my name as a Legacy Society member in St. Paul's publications and website. I would like to be listed as follows: _____
- Do not list my name as a Legacy Society member. I wish to remain anonymous.

Print Name Donor Signature Date

Print Name Spouse's Signature (if applicable) Date

Please return this form to Dawn Hartman by email at dhartman@sp1867.org or mail to: St. Paul's Charitable Giving Office, 339 E. Jamestown Rd., Greenville, PA 16125.