



CONFIDENTIAL MEMBERSHIP FORM

WELCOME TO THE LEGACY LEAGUE! The Legacy League has been established as a way to honor and recognize those who have made 'a gift of self in love' with the decision to provide a provision for a future gift of treasure to the Church. You can specify how your legacy will enable ministry at your parish, school or Archdiocesan level or you can name a combination of these.

Please fill out this form and return it in the enclosed envelope to confirm your membership. The information you provide will be kept in the strictest confidence by the Development Office.

Name(s) _____ Date of Birth _____

_____ Date of Birth _____

Address _____

I/WE HAVE INCLUDED MY PARISH / SCHOOL / ARCHDIOCESE OF BALTIMORE IN MY/OUR WILL OR REVOCABLE TRUST*:

- A specific bequest of \$ _____
- A percentage bequest of _____ % Estimated value: \$ _____
- Other (describe. i.e. endowment fund): _____

*Note: remote contingencies do not qualify for membership.

I/WE HAVE NAMED MY PARISH / SCHOOL / ARCHDIOCESE OF BALTIMORE IN AN IRREVOCABLE TRUST OR LIFE-INCOME ARRANGEMENT:

- Charitable Remainder Trust
Foundation interest: _____ % Market value: \$ _____ Payout: \$ _____
- Charitable Lead Trust
Foundation interest: _____ % Payout: \$ _____ Terms of years: _____
- Other (describe): _____

I/WE HAVE MADE MY PARISH / SCHOOL / ARCHDIOCESE OF BALTIMORE THE BENEFICIARY OF:

- A life insurance policy
Death Benefit: \$ _____ Cash Surrender Value: \$ _____
The Foundation is: Primary Beneficiary Secondary Beneficiary (check one)
- A Qualified Retirement Plan (IRA, 401k, 403b).
Foundation interest: _____ % Current market value of plan \$ _____
The Foundation is: Primary Beneficiary Secondary Beneficiary (check one)

PURPOSE

My our/future gift is:

- Unrestricted
- Restricted to the _____ Endowment Fund for the following purpose or program (specify): _____
- I am interested in learning how to establish a **Named Family Endowment Fund** (\$25,000 minimum total commitment) with my legacy gift. Please contact me.

DOCUMENTATION

- Yes, I/we will share a copy of the portion of the will that applied to **MY PARISH / SCHOOL / ARCHDIOCESE OF BALTIMORE**, or the trust agreement or Change of Beneficiary Form (401, 403b, IRAs, Insurance) in which the Foundation is named.

AUTHORIZATION FOR USE OF NAME

- I/we authorize The Catholic Family Foundation to include my/our name(s) on the membership list of the Legacy League and on public recognition devices. I/we understand that this authorization is limited to the use of my/our names only, and that the type and amount of my/our gift to the Foundation will remain strictly confidential.
- I prefer to remain an anonymous member of The Legacy League.

Signature _____ Date _____

Signature _____ Date _____

Current Gift

IMPORTANT: Please contact our office prior to sending any money or transferring securities Please make check payable to _____ (specific Fund Name).

- Commitment Amount \$ _____ Initial Payment \$ _____
- Check Please send payment reminder: Monthly/Bi-Monthly/Quarterly/Semi-Annually/Annually
- Securities # of Shares _____ Company Name _____ Approx. Value \$ _____
- Mutual Funds # of Shares _____ Fund Name _____ Approx. Value \$ _____
- Credit Card Amount \$ _____
 - Visa MasterCard Discover Amex
 - Charge in monthly/quarterly/annual installments until _____
 - Card # _____
 - Exp. Date _____
 - Signature _____
- Other Description _____ Approx. Value \$ _____

Instructions for Stock Transfer

If transferring securities or mutual funds through a broker, please give the following account information to your broker. Funds or securities should be transferred to: Smith Barney, Account 21J-25046, DTC# 0418, Attn. Cathy Munoz , (410) 454-5249