



THE HERITAGE SOCIETY CONFIDENTIAL MEMBERSHIP FORM

Thank you for including Springside Chestnut Hill Academy (SCH) in your estate plans. Please fill out this Confidential Membership Form and return it to our office by regular mail or by scanned PDF attachment to confirm your membership in The Heritage Society. The information you share with us is kept in the strictest confidence and is subject to the authorizations you provide below.

TYPE OF GIFT

I/We have included SCH in my/our will or revocable trust*:

- Specific Bequest Amount: \$ _____
- Percentage Bequest Percentage _____%. Est. value: \$ _____
- Other (describe):

**Note: remote contingencies do not qualify for membership*

I/We have named SCH as a beneficiary of:

- Life insurance Policy Face Value: \$ _____ Cash Value: \$ _____
SCH is (check one): ___ Primary Beneficiary ___ Secondary Beneficiary
- Retirement Plan (IRA, 401k, 403b, SEP)
SCH interest: _____% Current value of plan: \$ _____
SCH is (check one): ___ Primary Beneficiary ___ Secondary Beneficiary
- Other (describe):

I/We have named SCH in a charitable trust:

- Charitable Remainder Unitrust
Market Value: \$ _____ SCH interest: _____% Payout: _____%
- Charitable Remainder Annuity Trust
Market Value: \$ _____ SCH interest: _____% Payout: \$ _____
- Charitable Lead Annuity Trust
Market Value: \$ _____ SCH annuity: \$ _____. No. of years: _____
- Other (describe):

PURPOSE OF GIFT

My/Our future gift is (check one):

- Unrestricted
- Designated for a specific program or purpose (specify):

DOCUMENTATION

- Yes!** A copy of the portion of my/our will that applies to SCH, or the trust agreement or Change of Beneficiary Form in which the School is named, is attached hereto for your confidential files.

AUTHORIZATION FOR USE OF NAME

- Yes!** I/we authorize the School to include my/our name(s) on the membership list of *The Heritage Society* in official publications and on public recognition devices. I/we understand that this authorization is limited to the use of my/our names(s) only, and that the type and amount of my/our gift will remain strictly confidential.
- I/we prefer to remain anonymous.

HOW I/WE WISH TO BE LISTED (Please Print):

SIGNATURE #1

DATE

Please print name

___/___/___
Date of Birth

SIGNATURE #2 (if applicable)

DATE

Please print name

___/___/___
Date of Birth

PLEASE RETURN THIS FORM TO:

Springside Chestnut Hill Academy, Development Office, 500 West Willow Grove Avenue Philadelphia, PA 19118 OR email a signed PDF attachment to jmchugh@sch.org