



THE SHANAHAN SOCIETY

Confidential Membership Information Form

Welcome to Bishop Shanahan High School's *Shanahan Society*! Please fill out this membership questionnaire and return it in the enclosed envelope to confirm your membership. This information is kept in the strictest confidence, subject to the authorizations you provide below.

Name _____ Date of Birth _____

Name _____ Date of Birth _____

DOCUMENTATION *(please check appropriate box)*

- Yes, I/We will share a copy of the portion of my/our will that applies to Bishop Shanahan High School, or the trust agreement or Change of Beneficiary Form in which Bishop Shanahan High School is named.
- No, I/We prefer not to share a copy of the portion of my/will that applies to Bishop Shanahan High School, or the trust agreement or Change of Beneficiary Form in which Bishop Shanahan High School is named.

AUTHORIZATION FOR USE OF NAME *(please check appropriate box)*

- I/We authorize Bishop Shanahan High School to include my/our name(s) on the membership list of The Shanahan Society in official BSHS publications and on public recognition devices. 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 will remain strictly confidential.**

Name/s for Publication: _____
(i.e. John Doe '75, John '75 and Sue '76 Doe, P'00, '03)

- I/We prefer to remain anonymous

TYPE OF GIFT *(optional)*

I/We have included Bishop Shanahan High School in my/our will or revocable trust*:

- A specific bequest of \$ _____
- A percentage bequest of _____%. Est. value: \$ _____
- Other (describe): _____

*Note: remote contingencies do not qualify for membership

I/We have named Bishop Shanahan High School in an irrevocable trust:

Charitable Remainder Unitrust

Market Value: \$ _____ Shanahan interest: _____% Payout: _____%

Charitable Remainder Annuity Trust

Market Value: \$ _____ Shanahan interest: _____% Payout: _____%

Charitable Lead Annuity Trust

Market Value: \$ _____ Shanahan annuity: \$ _____ No. of years: _____

Other (Describe):

I/We have made Bishop Shanahan High School the beneficiary of:

A life insurance policy. Death Benefit: \$ _____ Cash Value: \$ _____

Shanahan is (check one): _____Primary Beneficiary _____Second Beneficiary

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

Shanahan interest: _____% Current market value of plan: \$ _____

Shanahan is (check one): _____Primary Beneficiary _____Secondary Beneficiary

Other (Describe):

PURPOSE OF GIFT

My/Our future gift is (Check one):

Unrestricted

Restricted to the following purpose or program (specify):

SIGNATURE

DATE

Please print name

SIGNATURE

DATE

Please print name

Please return this form to:
Trish Kyle
Director of Advancement
Bishop Shanahan High School
220 Woodbine Road
Downingtown, PA 19335-3081