



CONFIDENTIAL MEMBERSHIP FORM

Welcome to *The Mother Seton Society*. The Mother Seton Society recognizes all those who have included Mother Seton School 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 Mother Seton School in my/our will.

A specific bequest of \$ _____

A percentage bequest of _____% Estimated value \$ _____

Other (describe):

I/We have made arrangements for the following:

A life insurance policy.

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

Mother Seton School is Primary beneficiary Contingent beneficiary (please check one)

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

Mother Seton School interest _____% Current market value of plan \$ _____

Mother Seton School is Primary beneficiary Contingent beneficiary (please check one)

Charitable Remainder Unitrust or Annuity Trust

Mother Seton School interest _____% Current market value of trust \$ _____

Testamentary Charitable Lead Trust

Mother Seton School interest _____% Expected payout \$ _____

See reverse side

PURPOSE

My/Our future gift is restricted for the following purpose:

- General Legacy Fund
- General Scholarship/Tuition Assistance Fund
- Other _____

SUGGESTED LANGUAGE

I give _____ Dollars (\$ _____) to Mother Seton School, located in Emmitsburg, Maryland, to be added to the school’s permanent legacy fund to be used for the general purposes of the school unless otherwise specified.

DOCUMENTATION

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

AUTHORIZATION FOR USE OF NAME

- I/We authorize Mother Seton School to include my/our name(s) on the membership list of *The Mother Seton Society* in publications and on public recognition displays. 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 Mother Seton School will remain confidential.
- I/We prefer to remain an anonymous member(s) of *The Mother Seton Society*.

Signature

Date

Signature

Date