



## THE SHANAHAN LEGACY 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:*  
**Bishop Shanahan High School  
220 Woodbine Road  
Downingtown, PA 19335-3081  
Attn: Advancement Office**

**You may also email to [Giving@shanahan.org](mailto:Giving@shanahan.org)**