Legacy Society Form

We invite you to become a Legacy Society member and connect your legacy to ours. Society members have named the Academy as a beneficiary of all or a portion of their estate, trust, life insurance, retirement account, or other planned gifts. The information in this form is considered highly confidential by Holy Names Academy's Advancement Office. The information provided will be used to ensure the gift is administered as you direct.

Name(s)_____

Address_____

Phone_____ Email_____

Date(s) of Birth_____

Type of Provision

I/We have made provision for Holy Names Academy in my/our estate planning as follows:

- ☐ Bequest (will or trust)
- ☐ Beneficiary of IRA or other retirement plan
- ☐ Life Insurance
- ☐ Other (please describe):_____

Current estimated value of your future gift (if known, not required):_____

Gift Intention

Please direct the gift as follows:

- ☐ General Scholarship Endowment (Financial Aid)
- ☐ Existing Named Endowment:_____
  (Note: estates cannot fund the establishment of a new named endowment.)
- ☐ Program Enhancements:_____
  (Options include STEM, DEIJ, service, music, and student travel experiences.)
- ☐ Other:_____

Recognition

- ☐ Please include me/us as a member(s) of the Holy Names Academy Legacy Society.
- ☐ I/We would like this gift to remain anonymous. Please do not list my/our name(s) as part of the Holy Names Academy Legacy Society.

This statement is an expression of my/our current plans and may be revoked. I/We understand that this statement is not legally binding on my/our estate and this information is solely for Academy use to ensure the gift is properly administered at the time it arrives.

Date _____ Signature_____

Date _____ Signature_____