

ST. CECILIA LEGACY SOCIETY Confidential Membership Information Form

Welcome to the St. Cecilia Legacy Society. Please complete this membership questionnaire and return it to confirm your membership. This information is kept in strict confidence, subject to the authorizations you provide below.

Name		Date of Birth		
Name		Date of Birth		
TYPE	OF GIFT			
I/We	have included St. Cecilia School in my/our	will or revocable tru	ust:	
	A specific bequest of \$ A percentage bequest of Other (describe)			
I/We	have included St. Cecilia School in my/our	irrevocable trust:		
O	Charitable Remainder Unitrust			
	` Market Value:\$	Interest:%	Payout:%	
O	Charitable Remainder Annuity Trust			
	` Market Value:\$	Interest:%	Payout:%	
0	Charitable Lead Annuity Trust			
	Market Value:\$	Interest:%	# of years:	
O	Other (describe)			
I/We	have included St. Cecilia School as the ben	eficiary of:		
o	A life insurance policy. Death benefit: \$	Cash Value:\$		
	SJN is (check one):Primary BeneficiarySecondary Beneficiary			
o	A Qualified Retirement Plan (IRA, 401k, 403b)			
SJN interest% Current market value of plan: \$				
	SJN is (check one):Primary BeneficiarySecondary Beneficiary			
o	Other (describe)		•	

DOCUMENTATION

o Yes, I/We will share a copy of the portion of my/our will that applies to St. Cecilia School or the trust agreement or the Change of Beneficiary Form in which St. Cecilia is named.

AUTHORIZATION FOR USE OF NAME

o I/We prefer to remain anonymous.

- o I/We authorize St. Cecilia School to include my/our names on the membership list of the St. Cecilia Legacy Society in official school publications and recognition. I/we
- o I/We understand that this authorization is limited to the use of my/our names only and that the type of gift and amount of my/our gift will remain strictly confidential.

SIGNATURE	DATE
Please print name	-
SIGNATURE	DATE
Please print name	-

Please return this form to: St. Cecilia Legacy Society 302 W. Main Street Broussard, LA 70518