



The Saint Elizabeth Ann Seton Society Confidential Membership Information Form

Welcome to the Saint Elizabeth Ann Seton Society. Please fill out this membership questionnaire and return it by fax to the Seton Keough Office of Advancement at (443) 573-0107 or mail it to 1201 Caton Ave., Baltimore, Md. 21227 to confirm your membership. This information is kept in the strictest confidence, subject to the authorizations you provide below.

Name _____ Date of Birth _____
(please print)

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(please print)

TYPE OF GIFT

I/We have included Seton Keough 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 Seton Keough High School in an irrevocable trust:

- Charitable Remainder Unitrust
Market Value: \$ _____ Seton Keough interest: ____% Payout: ____%
- Charitable Remainder Annuity Trust
Market Value: \$ _____ Seton Keough interest: ____% Payout: \$ _____
- Charitable Lead Annuity Trust
Market Value: \$ _____ Seton Keough annuity: \$ _____ No. of years: ____
- Other (describe):

I/We have made the Seton Keough High School the beneficiary of:

- A life insurance policy. Death Benefit: \$ _____ Cash Value: \$ _____
Seton Keough is (check one): ___Primary Beneficiary ___Secondary Beneficiary
- A Qualified Retirement Plan (IRA, 401k, 403b)
Seton Keough interest: ____% Current market value of plan: \$ _____
Seton Keough 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):

(OVER)

DOCUMENTATION

- Yes, I/we will share a copy of the portion of my/our will that applies to the Seton Keough, or the trust agreement or Change of Beneficiary Form in which the Seton Keough is named.

AUTHORIZATION FOR USE OF NAME

- I/we authorize Seton Keough to include my/our name(s) on the membership list of The Saint Elizabeth Ann Seton Society in official Seton Keough publications and on public recognition devices. I/we understand that this authorization is limited to the use of my/our names(s) only, and that the type and amount of my/our gift will remain strictly confidential.
- I/we prefer to remain anonymous.

SIGNATURE

DATE

Please print name

SIGNATURE

DATE

Please print name