

THE HERITAGE SOCIETY

Confidential Membership Form



Thank you for including The Haverford School in your estate plans. Please fill out this Confidential Membership Form and return it in the enclosed postage-paid envelope or by email attachment to confirm your membership in the Heritage Society. The information you share with us is kept in the strictest confidence and is subject to the authorizations you provide below.

TYPE OF GIFT

I/We have included The Haverford School in my/our will or revocable trust*:

- Specific Bequest Amount: \$ _____
- Percentage Bequest Percentage ____%. Est. value: \$ _____
- Other (describe):

**Note: remote contingencies do not qualify for membership*

I/We have named The Haverford School as a beneficiary of:

- Life insurance Policy Face Value: \$ _____ Cash Value: \$ _____
Haverford is (check one): ___ Primary Beneficiary ___ Secondary Beneficiary
- Retirement Plan (IRA, 401k, 403b, SEP)
Haverford interest: ____% Current value of plan: \$ _____
Haverford is (check one): ___ Primary Beneficiary ___ Secondary Beneficiary
- Other (describe):

I/We have named The Haverford School in a charitable trust:

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

PURPOSE OF GIFT

My/Our future gift is (check one):

- Unrestricted
- Designated for a specific program or purpose (specify):

DOCUMENTATION

- Yes!** A copy of the portion of my/our will that applies to The Haverford School, or the trust agreement or Change of Beneficiary Form in which the School is named, is attached hereto for your confidential files.

AUTHORIZATION FOR USE OF NAME

- Yes!** I/we authorize the School to include my/our name(s) on the membership list of *The Heritage Society* in official 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.

HOW I/WE WISH TO BE LISTED (Please Print):

SIGNATURE #1

DATE

Please print name

____/____/____
Date of Birth

SIGNATURE #2 (if applicable)

DATE

Please print name

____/____/____
Date of Birth

PLEASE RETURN THIS FORM TO: The Haverford School, Office of Gift Planning, 450 Lancaster Avenue, Haverford, PA 19041.

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