



BISHOP LUERS LEGACY SOCIETY
Confidential Membership Information Form

Welcome to the Bishop Luers 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 Bishop Luers High School in my/our will or revocable trust:

- ☐ A specific bequest of \$_____
- ☐ A percentage bequest of _____%. Est. value_____
- ☐ Other (describe)_____

I/We have included Bishop Luers High School in my/our irrevocable trust:

- ☐ Charitable Remainder Unitrust
` Market Value:\$_____ Interest:_____% Payout:_____%
- ☐ Charitable Remainder Annuity Trust
` Market Value:\$_____ Interest:_____% Payout:_____%
- ☐ Charitable Lead Annuity Trust
` Market Value:\$_____ Interest:_____% # of years:_____
- ☐ Other (describe)

I/We have included Bishop Luers High School as the beneficiary of:

- ☐ A life insurance policy. Death benefit: \$_____ Cash Value:\$_____
Bishop Luers is (check one):_Primary Beneficiary _____Secondary Beneficiary
- ☐ A Qualified Retirement Plan (IRA, 401k, 403b)
Bishop Luers interest _____% Current market value of plan: \$_____
Bishop Luers is (check one): _____Primary Beneficiary _____Secondary Beneficiary
- ☐ Other (describe)

DOCUMENTATION

- ☐ Yes, I/We will share a copy of the portion of my/our will that applies to Bishop Luers High School or the trust agreement or the Change of Beneficiary Form in which Bishop Luers is named.

AUTHORIZATION FOR USE OF NAME

- ☐ I/We authorize Bishop Luers High School to include my/our names on the membership list of the Bishop Luers Legacy Society in official school publications and recognition. 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.

- o I/We prefer to remain anonymous.

SIGNATURE

DATE

Please print name

SIGNATURE

DATE

Please print name

Please return this form to:

Bishop Luers High School
Attn: Mission Advancement
333 E. Paulding Rd
Fort Wayne, IN 46816
Email: lperolio@bishopluers.org