



## CONFIDENTIAL MEMBERSHIP FORM

WELCOME TO THE LEGACY LEAGUE! The Legacy League has been established as a way to honor and recognize those who have made 'a gift of self in love' with the decision to provide a provision for a future gift of treasure to the Church. You can specify how your legacy will enable ministry at your parish, school or Archdiocesan level or you can name a combination of these.

Please fill out this form and return it in the enclosed envelope to confirm your membership. The information you provide will be kept in the strictest confidence by the Catholic Community Foundation/Development Office.

Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**I/WE HAVE INCLUDED \_\_\_\_\_ (NAME OF ENDOWMENT FUND) OF THE CATHOLIC COMMUNITY FOUNDATION IN MY/OUR WILL OR REVOCABLE TRUST\*:**

A specific bequest of \$ \_\_\_\_\_

A percentage bequest of \_\_\_\_\_ % Estimated value of bequest: \$ \_\_\_\_\_

Other (describe. i.e. endowment fund): \_\_\_\_\_

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

**I/WE HAVE NAMED \_\_\_\_\_ (NAME OF ENDOWMENT FUND) OF THE CATHOLIC COMMUNITY FOUNDATION IN AN IRREVOCABLE TRUST OR LIFE-INCOME ARRANGEMENT:**

Charitable Remainder Trust

Foundation interest: \_\_\_\_\_ % Market value: \$ \_\_\_\_\_ Payout: \$ \_\_\_\_\_

Charitable Lead Trust

Foundation interest: \_\_\_\_\_ % Payout: \$ \_\_\_\_\_ Terms of years: \_\_\_\_\_

Other (describe): \_\_\_\_\_

**I/WE HAVE MADE \_\_\_\_\_ (NAME OF ENDOWMENT FUND) OF THE CATHOLIC COMMUNITY FOUNDATION THE BENEFICIARY OF:**

A life insurance policy

Death Benefit: \$ \_\_\_\_\_ Cash Surrender Value: \$ \_\_\_\_\_

The Foundation is:  Primary Beneficiary  Secondary Beneficiary (check one)

A Qualified Retirement Plan (IRA, 401k, 403b).

Foundation interest: \_\_\_\_\_ % Current market value of plan \$ \_\_\_\_\_

The Foundation is:  Primary Beneficiary  Secondary Beneficiary (check one)

**The Catholic Community Foundation, Archdiocese of Baltimore**

320 Cathedral Street, Baltimore, MD 21201 Phone (410) 547-5356 Fax (410)625-8485 www.ccfmd.org

**PURPOSE:**

My our/future gift is:

- Unrestricted
- Restricted to the \_\_\_\_\_ Endowment Fund for the following purpose or program (specify): \_\_\_\_\_
- I am interested in learning how to establish a **Named Endowment Fund** (\$25,000 minimum total commitment) with my legacy gift. Please contact me.

**DOCUMENTATION:**

Yes, I/we will share a copy of the portion of the will that applies to the endowment fund or the trust agreement or Change of Beneficiary Form (401, 403b, IRAs, Insurance) in which the Foundation is named.

**AUTHORIZATION FOR USE OF NAME:**

- I/we authorize The Catholic Community Foundation to include my/our name(s) on the membership list of the Legacy League and on public recognition devices. I/we understand that this authorization is limited to the use of my/our names only, and that the type and amount of my/our gift to the Foundation will remain strictly confidential.
- I prefer to remain an anonymous member of The Legacy League.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Current Gift**

**IMPORTANT:** Please contact our office prior to sending any money or transferring securities Please make check payable to \_\_\_\_\_ (specific Fund Name).

- Commitment Amount \$** \_\_\_\_\_ **Initial Payment \$** \_\_\_\_\_
- Check: Please send payment reminder: Monthly/Bi-Monthly/Quarterly/Semi-Annually/Annually
- Securities: # of Shares \_\_\_\_\_ Company Name \_\_\_\_\_ Approx. Value \$ \_\_\_\_\_
- Mutual Funds: # of Shares \_\_\_\_\_ Fund Name \_\_\_\_\_ Approx. Value \$ \_\_\_\_\_
- Credit Card: Amount \$ \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_
  - Charge in monthly/quarterly/annual installments until \_\_\_\_\_
  - Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_
  - Signature \_\_\_\_\_
- Other: Description \_\_\_\_\_ Approx. Value \$ \_\_\_\_\_

**Instructions for Stock Transfer – Contact CCF Office prior to transferring securities**

If transferring securities or mutual funds through a brokerage firm, please provide the following account information to your Financial Advisor. Funds or securities should be transferred to one of the following firms:

- Alex Brown - Acct. 891N4618, DTC#0725 Raymond James Clearing, Attention: Laura-Lynn Renner 410-525-6240
- Morgan Stanley Smith Barney - Acct. 633-114024, DTC#0015, Attention: Brian Harrison (410)736-5320