



Planned Giving Membership Form for the Regis Catholic Schools Foundation



Name _____

Spouse's Full Name _____

Address _____

City _____

Phone _____ Email _____

Name(s) as you would like to appear on the Regis Legacy Wall or write "Anonymous."

TYPE OF GIFT

Will or Trust Life Insurance Retirement Plan Cash Securities Beneficiary Designation

PURPOSE OF GIFT

Unrestricted Restricted (Specify) _____

AUTHORIZATION FOR USE OF NAME

Yes, I/We authorize Regis and the Regis Catholic Schools Foundation to include my/our name(s) on the membership list of the Regis Legacy Society in official publications and on recognition devices. I/We understand that this authorization can be limited to the use of my/our name(s) only, and the type and amount of gift will remain strictly confidential if I/We so choose.

I/We prefer to remain anonymous

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

I/We have not yet made a planned gift, but would like to talk with someone about the possible options.

I know that this person (family) made a past estate gift to Regis: (Name) _____

(We want to make sure our records are accurate. We will include these people on the Regis Legacy Wall.)