

**Mount Saint Peter
Legacy Society
Confidential Membership Form**



The Mount Saint Peter Legacy Society has been established as a way to honor and recognize those who have made a planned gift to Mount Saint Peter Parish in order to advance the saving mission of the Church. You can specify how your legacy will enable ministry at Mount Saint Peter Parish.

Please fill out this form and return to the Church office to confirm your membership. The information you provide will be held in strictest confidence.

Enrollment Form

Full Name: _____ Date of Birth: _____

Spouse's Full Name (*Where applicable*) _____ Date of Birth: _____

Street Address: _____

City / State / Zip: _____

Phone Number: (____) _____ Email: _____

Authorization for Use of Name

I/We authorize Mount Saint Peter Parish to include my/our name(s) on the membership list of the Mount Saint Peter Legacy Society. 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 Parish will remain strictly confidential.

I/we prefer to remain anonymous member(s) of the Mount Saint Peter Legacy Society.

Signature _____ Date _____

Signature _____ Date _____

Declaration

I have remembered Mount Saint Peter Church as a beneficiary of one or more of the following instruments:

- Last Will and Testament Real Estate Life Insurance Policy
- Living Trust Charitable Gift Annuity Stock
- Retirement Plan Charitable Remainder Trust Other: _____

The gift is to be used for the Parish Endowment Fund to support the mission of the Church.

The current value of the gift is approximately (*optional*): \$ _____ or ____% of the above planned gift.

Signature: _____ Date: _____

Spouse's Signature (*If joint will*): _____ Date: _____