

**Mercy High School, Burlingame
Catherine's Legacy Society**

Welcome to Catherine's Legacy Society!

Please complete this confidential 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 _____

I/We have included Mercy High School, Burlingame in my/our Revocable Living Trust or Will

- A specific bequest of \$ _____
- A percentage bequest of _____ % Est. value _____
- Other (describe) _____
- Yes, but I prefer not to state the amount.

I/We have included Mercy High School, Burlingame 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) _____

- Yes, but I prefer not to give detailed information at this time.

I/We have included Mercy High School, Burlingame as the beneficiary of:

- A life insurance policy. Death benefit: \$ _____ Cash Value: \$ _____
Mercy High School, Burlingame
is (check one): _____ Primary Beneficiary _____ Secondary Beneficiary
- A Qualified Retirement Plan (IRA, 401k, 403b)
Mercy High School, Burlingame interest _____ %
Current market value of plan: \$ _____
Mercy High School, Burlingame is (check one):
_____ Primary Beneficiary _____ Secondary Beneficiary
- Other (describe) _____

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DOCUMENTATION

- o Yes, I/We will share a copy of the portion of my/our Will that applies to Mercy High School, Burlingame or the trust agreement or the beneficiary designation form in which Mercy High School, Burlingame is named.
- o No, I do not wish to share these documents at this time.

AUTHORIZATION FOR USE OF NAME

- o I/We authorize Mercy High School, Burlingame to include my/our names on the membership list of the Catherine's 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:

Mary Lund, Advancement Office
Mercy High School
2750 Adeline Drive
Burlingame CA 94010
650.762.1191