



MARIANIST LEGACY SOCIETY
CONFIDENTIAL BEQUEST NOTIFICATION FORM
An expression of commitment to the Marianists

NAME _____ DATE OF BIRTH ___/___/___

SPOUSE'S NAME _____ DATE OF BIRTH ___/___/___

ADDRESS _____

STREET CITY STATE ZIP
HOME PHONE (____) _____ WORK PHONE (____) _____

MY/OUR WILL AND/OR OTHER ESTATE PLANNING DOCUMENTS, WHICH INCLUDE A PROVISION FOR THE MARIANISTS,
WERE EXECUTED ON _____
MONTH DAY YEAR

TYPE OF BEQUEST:

___ SPECIFIC AMOUNT ___ PERCENT OF ESTATE (___%) ___ REMAINDER OF ESTATE

___ BENEFICIARY OF IRA OR OTHER RETIREMENT ACCOUNT ___ LIFE INSURANCE ___ LIVING TRUST

TO HELP THE MARIANISTS PLAN FOR THE FUTURE:

THE APPROXIMATE AMOUNT OF MY/OUR BEQUEST, BASED ON TODAY'S VALUE, IS \$ _____

PURPOSE OF THE GIFT _____

ATTORNEY/ADVISOR _____ WORK PHONE (____) _____

FIRM'S NAME _____

ADDRESS _____

STREET CITY STATE ZIP

___ PLEASE INCLUDE MY/OUR NAMES, WITHOUT DISCLOSURE OF THE AMOUNT, AS MARIANIST LEGACY SOCIETY
MEMBERS. I/WE WOULD LIKE MY/OUR NAME(S) TO BE RECORDED AS FOLLOWS:

(PLEASE PRINT YOUR NAME(S) AS YOU WOULD LIKE TO BE LISTED)

___ I/WE PREFER THE TERMS OF THIS GIFT TO REMAIN ANONYMOUS.

SIGNATURE DATE

SPOUSE'S SIGNATURE (IF APPLICABLE) DATE