



Legacy Society for Planned Giving

Membership Authorization Form

The **Gift of Life Family House Legacy Society** is a program that recognizes those who have included Gift of Life Family House in their long-term plans through a bequest provision in their will or trust, a life-income gift or other deferred gift. Please fill out the form below to authorize membership.

Today's Date: _____

Contact Information:

Name [Mr. Mrs. Ms. Dr.] _____ Date of Birth: ____/____/____

Name [Mr. Mrs. Ms. Dr.] _____ Date of Birth: ____/____/____

Primary Address _____

City/State/Zip _____

Contact Email _____ Contact Phone _____

I/we have included Gift of Life Family House in my/our will:

- A specific bequest of \$ _____
- A percentage bequest of _____% Estimated value \$ _____
- Other (please describe): _____

Planned gifts can take many forms. Please use this section to let us know if you have made additional plans to support Gift of Life Family House:

- A life insurance policy**
Death benefit \$ _____ Current cash surrender value \$ _____
 Primary beneficiary Secondary beneficiary (please check one)
- A Qualified Retirement Plan (IRA, 401k, 403b):**
Foundation interest _____% Current market value of plan \$ _____
 Primary beneficiary Secondary beneficiary (please check one)
- Charitable Remainder Unitrust or Annuity Trust**
Interest ____% Current market value of trust \$ _____
- Testamentary Charitable Lead Trust**
Interest ____% Expected payout \$ _____
- Other (please describe):** _____

Please provide more details (approximate amounts, etc.) about your estate provision or other planned gift for Gift of Life Family House:

Estimated total amount of bequest designated to Gift of Life Family House: \$ _____

Documentation

I/we included a copy of the portion of the will that applies to Gift of Life Family House or the trust agreement or Change of Beneficiary Form (401k, 403b, IRAs, Insurance) in which the Family House is named.

-Or-

At a later date, I/we will send the portion of the will that applies to Gift of Life Family House or the trust agreement or Change of Beneficiary Form (401k, 403b, IRAs, Insurance) in which the Family House is named.

Other information Gift of Life Family House should know about my gift:

Membership Authorization and Release

Estate names(s) listed below will be included in the listing of the Legacy Society members. Members who have made bequests of \$10,000 or more will have their name and giving level added to the special Legacy Society Wall in the Family House living room (specific gift amounts will be kept confidential).

Yes! Please publish my/our name as follows: _____

I authorize Transplant House d/b/a Gift of Life Family House and its designated affiliates to use, disclose and publish the name(s) as listed above in connection with the Family House Legacy Society and Legacy Society wall for the purposes of awareness, development and promoting the mission of Gift of Life Family House and organ and tissue donation.

I/we prefer that my/our name not be published and remain as an anonymous member of the Legacy Society.

Last Name: _____ First Name: _____

Signature: _____ Date: _____

**Please return this form to: Gift of Life Family House, Attn: Sara Cohen, Development Manager
401 Callowhill Street, Philadelphia, PA 19123 -or- Fax to: 267-546-9802**