



Membership Form

The **Gift of Life Howie's House Legacy Society** is a program that recognizes those who have included Gift of Life Howie's 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 for 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 Howie's House in my/our will:

A specific bequest of \$ _____

A percentage bequest of _____ % Estimated value \$ _____

Other (please describe): _____

and/or

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 Howie's 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): _____

If possible, please provide more details (approximate amounts, etc.) about your estate provision or other planned gift for Gift of Life Howie's House:

Estimated total amount of bequest designated to Gift of Life Howie's House: \$ _____

Documentation

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

-Or-

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

Other information Gift of Life Howie's House should know about my gift:

Membership Authorization and Release

Pledgor or donor names(s) listed below will be included in the listing of the Legacy Society members. Members who have made commitments of \$10,000 or more will have their name and giving level added to the special Legacy Society Wall in the 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 Howie's House and its designated affiliates to use, disclose and publish the name(s) as listed above in connection with the Legacy Society and Legacy Society Wall for the purposes of awareness, development and promoting the mission of Gift of Life Howie's 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.

You should consult with your tax advisor to determine the degree to which your gift may result in tax advantages to you, your estate, and your beneficiaries.

Last Name: _____ First Name: _____

Signature: _____ Date: _____

**Please return this form to: Gift of Life Howie's House, Attn: Sara Cohen, Development Director
401 Callowhill Street, Philadelphia, PA 19123**

The official registration and financial information of Transplant House d/b/a Gift of Life Howie's House may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.