



**SAINT JAMES**  
CATHOLIC CHURCH & SCHOOL

**ST. JAMES LEGACY SOCIETY**  
***Confidential Membership Information Form***

Welcome to the St. James Legacy Society! Please complete this 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 \_\_\_\_\_

**TYPE OF GIFT**

**I/We have included St. James in my/our will or revocable trust:**

- A specific bequest of \$ \_\_\_\_\_
- A percentage bequest of \_\_\_\_\_%. Est. value \_\_\_\_\_
- Other (describe) \_\_\_\_\_

**I/We have included St. James 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)

**I/We have included St. James as the beneficiary of:**

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

DOCUMENTATION

- Yes, I/We will share a copy of the portion of my/our will that applies to St. James or the trust agreement or the Change of Beneficiary Form in which St. James is named.

AUTHORIZATION FOR USE OF NAME

- I/We authorize St. James to include my/our names on the membership list of the St. James 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.
- I/We prefer to remain anonymous.

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SIGNATURE

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DATE

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Please print name

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SIGNATURE

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DATE

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Please print name

*Please return this form to*  
St. James Legacy Society  
8412 Whitefield Ave  
Savannah, GA 31406