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## STS. PETER & PAUL SOCIETY

### *A Confidential Membership Acceptance Form*

**NOTE:** Sts. Peter & Paul Society membership does not require disclosure of the information asked below. However, we ask for this information to document and steward your gift, as well as to offer counsel if appropriate. All information is confidential.

**I/We have provided for the future of the St. Paul Center in the following manner:**

- |  |  |
|--|--|
| <input type="checkbox"/> Bequest through will or trust | <input type="checkbox"/> Gift of life insurance                  |
| <input type="checkbox"/> Charitable gift annuity       | <input type="checkbox"/> Bequest of retirement plan assets       |
| <input type="checkbox"/> Charitable remainder trust    | <input type="checkbox"/> Remainder interest in residence or farm |
| <input type="checkbox"/> Charitable lead trust         | <input type="checkbox"/> Other: _____                            |
- Attached please find a copy of the page or paragraph from the will or trust bequest, beneficiary designation form for life insurance, or retirement plan that describes my gift provision.

**I/we estimate the current value of the above described gift to be \$** \_\_\_\_\_

The St. Paul Center would be honored to publicly acknowledge you (in published lists, newsletters, & more) for your generosity and the role you are playing in the 20th Anniversary Campaign. Please indicate your preference below.

- Yes, list my name (and/or my spouse's name) for the Sts. Peter & Paul Society in the following manner:  
Please print \_\_\_\_\_
- Anonymous

**The St. Paul Center prays for our benefactors every day at our national office. for our benefactors at our national office. We invite you to share your special dates and intentions.**

- I/we would like Mass to be offered this year on or near (birthday/s or anniversaries)
- Intentions \_\_\_\_\_
- I/we have/would like to make this gift in honor of \_\_\_\_\_

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your generosity. All information and inquiries are treated with complete confidence. The St. Paul Center provides detailed information on planned gift opportunities as a service to its benefactors. There is no cost or obligation. A signed copy of this Acceptance Form will be returned to you to include in your personal estate planning files.

Please return this form in the envelope provided or to the address below.