

## Holy Names Legacy Society Enrollment

As a supporter of the mission of the Academy of the Holy Names, I accept membership in the Holy Names Legacy Society. I have arranged a gift by naming the Academy of the Holy Names of Florida, Inc.:

- ☐ in my will or living trust
- ☐ as beneficiary of my life insurance
- ☐ as a beneficiary of my IRA, 401(k), bank account or investment account
- ☐ as a beneficiary in a charitable lead or remainder trust
- ☐ Other \_\_\_\_\_

I understand that I will remain a member of the Holy Names Legacy Society as long my gift plan remains in place. I will notify the Academy of the Holy Names if I change my plans. I understand that my gift will be directed to the area of most need unless I specifically indicate otherwise. This gift is in memory of or in tribute to: \_\_\_\_\_

**A copy of the page from your planned gift document listing the Academy of the Holy Names of Florida, Inc. (or its successors) as a beneficiary is appreciated for the Advancement Office to keep on file. If you are comfortable sharing the approximate value of your gift with us at this time, please know that this information will be kept confidential. It is for planning purposes only.**

\$ \_\_\_\_\_ (optional)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(As you wish it to appear on donor lists) *AHN/SHA Class Year (for alumni)*

Preferred mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ You may list my name on donor lists
- ☐ I wish to remain anonymous

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact (check all that apply): ☐ Mail ☐ Email ☐ Phone

My birthday: \_\_\_\_\_

**For more information, please contact Patty Bohannon in the AHN Office of Advancement at 813.839.5371, ext. 376.**