



# CHURCH OF ST. MARTIN-IN-THE-FIELDS

***Please join St. Martin's Legacy Society!*** Please complete this membership questionnaire providing details of your plans, to the extent that is comfortable for you, and return it to Natalee Hill in the church office at 8000 St. Martin's Lane, Philadelphia, PA 19118 to confirm your membership. This information will be kept in the **strictest confidence**, subject to the authorization you provide.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(please print)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(please print)

## TYPE OF GIFT

I/We included St. Martin's in my/our will:

\_\_\_ A specific bequest of \$ \_\_\_\_\_.

\_\_\_ A percentage bequest of \_\_\_\_\_%. Estimated value: \$ \_\_\_\_\_

\_\_\_ Other (*please describe*): \_\_\_\_\_

I/We have made St. Martin's the sole or partial beneficiary of:

\_\_\_ A life insurance policy.

St. Martin's interest \_\_\_\_\_%. Current market value of plan: \$ \_\_\_\_\_

\_\_\_ A Qualified Retirement Plan (IRA, 401k, 403b)

St. Martin's interest \_\_\_\_\_%. Current market value of plan: \$ \_\_\_\_\_

\_\_\_ Other (*please describe*): \_\_\_\_\_

**PURPOSE OF GIFT**

My/Our future gift is (check one):

- Unrestricted Endowment
  - Designated for the purpose or program described below
  - Legally restricted to the purpose or program described below
- Specific designation or restriction: \_\_\_\_\_
- \_\_\_\_\_

**DOCUMENTATION**

Yes, I/we are willing to share a copy of the portion of our estate-related plans that applies to St. Martin’s. **I/we enclose a copy of:**

- my/our Wills or applicable pages of my/our Wills.
- my/our beneficiary and ownership designation for a Life Insurance Policy.
- my/our current Beneficiary Form for our IRA, 401k Plan, 403b Plan.

**AUTHORIZATION FOR USE OF NAME**

- I/we authorize St. Martin’s to include my/our name(s) on the membership list of *St. Martin’s Legacy Society* in official St. Martin’s publications and other forms of public recognition. I/we understand that this authorization is limited to the use of my/our name(s) only, and that the type and amount of my/our deferred gift will remain strictly confidential.
- I/we prefer to remain anonymous. Your membership in the St. Martin’s Legacy Society can be anonymous however your intent to provide St. Martin’s with a planned gift serves as an inspiration and encourages others to consider a planned gift to benefit the work that other parishioners care about in the St. Martin’s community.

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*Please print your name(s) as you wish it/them to be listed above:*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you** for this confirmation of your deferred gift plans and intentions. If you have any questions or comments, please contact Natalee Hill at 215.247.7466 ext. 106