

Girl Scouts – North Carolina Coastal Pines Planned Giving Society

** Confidential Membership Acceptance Form **

I/We wish to be recognized with membership in Planned Giving Society and would like to join with other members to ensure the continued growth of Girl Scouts – North Carolina Coastal Pines.

NAME _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

I/We have provided for the future of Girl Scouts – North Carolina Coastal Pines 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.

The estimated current dollar value of my gift is \$_____.

Note: *A dollar value of your planned gift will be credited to you for cumulative gift recognition.*

My gift is to be used as follows: _____.

Please list my name (and/or my spouse's name) for Planned Giving Society in the following manner:

- _____

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Yes | You have my/our permission to include my/our name(s) in published lists (publications, newsletters, donor recognition plaque, and website) recognizing Planned Giving Society members. |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes | You have my/our permission to count the dollar value of my/our planned gift toward Girl Scout's cumulative lifetime giving societies: _____ I understand these societies offer additional recognition (plaques, publications, and special events). |
| <input type="checkbox"/> No | |

Signature

Date Signed

Date of Birth

E-mail Address

Signature

Date Signed

Date of Birth

E-mail Address