



St. Bridget Catholic Church and School

211 East Division Street, PO Box 86
River Falls, Wisconsin 54022
Telephone: 715.425.1870 Fax: 715.425.1871

CONFIDENTIAL MEMBERSHIP FORM

Welcome to *The Shepherd Society*. *The Shepherd Society* recognizes all those who have included St. Bridget Catholic Church and School in their long-term plans through a bequest provision in their Will or trust, a life-income gift, or other deferred gift. Society members are the shepherds who will guide the St. Bridget flock with their planned gifts.

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

I/We have included St. Bridget Catholic Church and School in my/our will.

A specific bequest of \$_____.

A percentage bequest of _____%. Estimated value \$_____

Other (describe):

I/We have made arrangements for the following:

A life insurance policy.

Death Benefit \$_____ Current cash surrender value \$_____

The Church/School is Primary beneficiary Secondary beneficiary (please check one)

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

Church/School interest _____% Current market value of plan \$_____

The Church/School is Primary beneficiary Secondary beneficiary (please check one)

Charitable Remainder Unitrust or Annuity Trust

Church/School interest _____% Current market value of trust \$_____

Testamentary Charitable Lead Trust

Church/School interest _____% Expected payout \$_____

See reverse side

PURPOSE

My/Our future gift is restricted for the following purpose:

- General Endowment
- School Endowment
- Named Endowment (minimum \$100,000) for the following purpose: _____

- Other _____

SUGGESTED ENDOWMENT LANGUAGE

I give _____ Dollars (\$_____) to St. Bridget’s Catholic Congregation, Inc. located in River Falls Wisconsin, to be added to the church’s permanent endowment with the income only therefore to be used for general purposes of the church.

DOCUMENTATION

- Yes, I/we will share a copy of the portion of the will that applies to St. Bridget Church and School or the trust agreement or Change of Beneficiary Form (401k, 403b, IRAs, insurance) in which the church/school is named.

AUTHORIZATION FOR USE OF NAME

- I/We authorize St. Bridget Catholic Church and School to include my/our name(s) on the membership list of The Shepherd Society in publications and on public recognition displays. 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 gift to St. Bridget will remain confidential.
- I/We prefer to remain an anonymous member(s) of The Shepherd Society.

Signature Date

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