

The Burkhead Legacy Society

THE WEBB SCHOOL'S PLANNED GIVING SOCIETY

Membership Registration Form

I wish to become a Member of the Burkhead Legacy Society. Please send me information on the following:

- Will Life Insurance Trust Other

Name _____ Class Year _____

Address _____

Please include me as a member of the Burkhead Legacy Society.
Below are my provisions for Webb in my estate plan:

- Outright bequest in my will: \$ _____
- Residuary bequest. Webb's percentage of residue of my estate is _____ %
Estimated present size of estate \$ _____
- Bequest with these conditions: _____
- Life Insurance Policy Retirement Account Trust Arrangement
- Amount to be received by Webb: \$ _____ Current cash value: \$ _____
- Percentage to be received by Webb: _____ %
- Other deferred gift. Please describe _____

Purpose of gift to Webb School:

- Unrestricted
- Restricted-Student Endowment / Scholarship name: _____
- Restricted-Faculty Endowment / Faculty fund name: _____
- Other _____

Recognition: (Please mark at least one of the following choices.)

- I want my name listed as a member of the Burkhead Legacy Society. Please list name(s) as:

Circle one: **I do / I do not mind** the amount of my gift being shared with any announcement of my gift.

- I wish to stay anonymous and do not want my name listed as a member of the Burkhead Legacy Society.

Date

Signature