



The Juliette Gordon Low
LEGACY SOCIETY

CONFIDENTIAL MEMBERSHIP CONFIRMATION FORM

The Juliette Gordon Low Legacy Society recognizes and honors all those who have included The Girl Scouts of Eastern Pennsylvania in their longterm financial and estate plans, through a bequest provision in their will, by establishing a life-income gift, or through another form of deferred gift.

Please complete this form and return it to The Girl Scouts of Eastern Pennsylvania to confirm your membership in The Juliette Low Legacy Society. The information you provide will be kept in strictest confidence, subject to the authorizations below.

Name(s): _____ **Date of Birth** ____/____/____
(Please Print)

_____ **Date of Birth** ____/____/____
(Please Print)

GIFT COMMITMENT:

☐ **I/we have included The Girl Scouts of Eastern Pennsylvania in my/our Will, with:**

- ☐ A specific Bequest of \$ _____ .
- ☐ A percentage Bequest of ____%, with an estimated value of \$ _____
- ☐ Other (Please describe) : _____

☐ **I/we have named The Girl Scouts of Eastern Pennsylvania in an irrevocable trust or life-income arrangement, specifically a:**

- ☐ Charitable Remainder Trust
The Girl Scouts of Eastern Pennsylvania's interest: ____%
Market Value: \$ _____
Annual payout \$ _____ or ____%
- ☐ Charitable Lead Trust
The Girl Scouts of Eastern Pennsylvania's interest: ____%
Annual Payout: \$ _____ Term of years: ____
- ☐ Other (Please describe) : _____

☐ **I/we have made The Girl Scouts of Eastern Pennsylvania the beneficiary of a:**

- ☐ Life Insurance Policy
- ☐ Death Benefit: \$ _____ Cash Surrender Value: \$ _____
 - ☐ The Girl Scouts of Eastern Pennsylvania is:
 - ☐ Primary Beneficiary, for ____%
 - ☐ Secondary Beneficiary, for ____%
- ☐ Qualified Retirement Plan (IRA, 401K, 403B). Current Market Value: \$ _____
- ☐ The Girl Scouts of Eastern Pennsylvania is:
 - ☐ Primary Beneficiary, for ____%
 - ☐ Secondary Beneficiary, for ____%

PURPOSE OF GIFT:

My/our future gift is:

☐ Unrestricted

☐ Designated for the following purpose or program: _____

DOCUMENTATION:

☐ **Yes, I/we are willing to share a copy of the portion of our estate-related plans that applies to The Girl Scouts of Eastern Pennsylvania. I/we enclose:**

☐ a copy of the applicable pages of my/our Will(s)

☐ a copy of my/our Charitable Trust document

☐ a copy of my/our Change of Beneficiary Form for our

☐ IRA, 401k Plan, 403b Plan

☐ Life Insurance Policy

Authorization for use of Name(s):

☐ I/we authorize The Girl Scouts of Eastern Pennsylvania to include my/our name(s) on the Membership List of The Juliette Low Legacy Society in The Girl Scouts of Eastern Pennsylvania publications and on public recognition media. I/we understand that this authorization is limited to the use of my/our name(s) only, and that the nature and amount of my/our deferred gift to The Girl Scouts of Eastern Pennsylvania will remain strictly confidential until The Girl Scouts of Eastern Pennsylvania receives the gift.

☐ I/we prefer to remain anonymous.

(Signature)

(Date)

(Signature)

(Date)