



PROVIDENCE
LEGACY SOCIETY

MEMBERSHIP FORM

By completing this form, you are inaugurated into the Providence Legacy Society and may enjoy all membership benefits in perpetuity.

I am pleased to provide a legacy of support to Providence Academy with an estate gift.

Name: _____ Date of birth: _____

Second name (if joint gift): _____ Date of birth: _____

Address: _____

Preferred phone: _____ Preferred email: _____

The primary source of this gift is a:

- Will or revocable trust
- Beneficiary designation for a retirement plan or insurance policy
- Charitable trust
- Donor advised fund recommendation
- Other property (please specify): _____

The approximate value of this gift as of today is: \$ _____

For purposes of public recognition of my gift, please list my/our name(s) as follows:

Signature: _____ Date: _____

THIS FORM IS NOT A LEGAL DOCUMENT. This form shall not create any obligation nor constitute a binding pledge. The gift described may be revoked, and no action has been taken in reliance on it. We appreciate any supporting documents you are willing to share confidentially.

Return completed form to: Dawn Schommer, Manager – Auxiliary & Development Programs
Providence Academy | 15100 Schmidt Lake Road | Plymouth, MN 55446
providenceacademy.org | (763) 258-2516