



CONFIDENTIAL ENROLLMENT FORM

In consideration of the impact that Tampa Catholic High School has on the lives of young people and adults, I/we have made provision for a gift to Tampa Catholic High School in my/our estate plan.

Please print or type

Name _____

Name(s) as you would wish to appear for purpose of recognition in our donor honor roll. _____

Mailing address _____

City/State /ZIP Code _____

Home Telephone _____

Mobile Telephone _____

E-Mail Address _____

Date of Birth _____

Relationships with Tampa Catholic High School

- | | | |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Board of Directors (current or past) | <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alumnus | <input type="checkbox"/> Staff | |
| <input type="checkbox"/> Parent/Grandparent | <input type="checkbox"/> Volunteer | |

Gift Information

I/we qualify for The Tampa Catholic 1962 Legacy Society through the following planned gift:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bequest (or Living Trust) | <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Gift of Residence or Farm with Retained Life Estate |
| <input type="checkbox"/> Dollar amount | <input type="checkbox"/> Charitable Remainder Annuity Trust | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Stock or property | <input type="checkbox"/> Charitable Remainder Unitrust | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Percentage bequest | <input type="checkbox"/> IRA / Retirement Plan Beneficiary | |
| <input type="checkbox"/> Residuary bequest | <input type="checkbox"/> Pooled Income Fund | |
| <input type="checkbox"/> Cash | | |

PLEASE INCLUDE A COPY OF APPROPRIATE DOCUMENTATION FOR THE ABOVE.

Please indicate the approximate current market value of the planned gift named above:

\$ _____ (Optional. Will be treated as confidential.)

The gift is:

- ☐ Unrestricted Restricted as follows: _____
- ☐ I/ we wish to remain an anonymous member of The Tampa Catholic 1962 Legacy Society.

Attorney Name and Phone: _____

Financial Advisor Name and Phone: _____

Accountant Name and Phone: _____

Signature: _____

Date: _____

Reported by: _____

Date: _____

Title/Position _____