

CONFIDENTIAL MEMBERSHIP FORM

Welcome to the *Douglas Munro Society*, a society that recognizes all those who have included the Coast Guard Foundation in their long-term plans through a bequest provision in their Will or trust, a life-income gift or other deferred gift.

Name(s)			Date of Birth	/	/
Name(s)	(please print)				
Name(s)			Date of Birth	/	/
	(please print)				
☐ I/We have include	ed the Coast Guard	Foundation in n	ny/our will		
☐ A specific	bequest of \$				
☐ A percenta	age bequest of	%. Estimate	d value \$	_	
☐ I/we do no	ot wish to disclose t	the amount.			
☐ I/we have made a	rrangements for the	e Coast Guard Fo	oundation throug	h:	
Death benef	rance policy. it \$ Currer tion is □ Primary b			ary (ple	ase check one
Foundation	ed Retirement Plan interest% C tion is Primary be	urrent market va	alue of plan \$		ase check one)
	Remainder Unitruinterest% C	•			
	ary Charitable Lea interest% E		\$		
□ Other (describe):					

<u>PURPOSE</u>
My/our future gift is: Unrestricted Restricted for the following purpose (please specify)
DOCUMENTATION
☐ Yes, I/we will share a copy of the portion of the will that applies to the Coast Guard Foundation or the trust agreement or Change of Beneficiary Form (401k, 403b, IRAs, Insurance) in which the Foundation is named.
AUTHORIZATION FOR USE OF NAME
□ I/we authorize the Coast Guard Foundation to include my/our name(s) on the membership list of The Douglas Munro 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 the Foundation will remain confidential.
☐ I prefer to remain an anonymous member of The Douglas Munro Society.
Signature Date

Date

Signature