## **Legacy Society Membership Form**

I/We wish to be recognized with membership in the Legacy Society and would like to join with other members to ensure the continued growth of St. Vincent de Paul Regional Seminary.

NAMEADDRESS			
			ZIP
<b>NOTE:</b> Legger for this information	acy Society membership does not r	equire disclosure of t	he information asked below. However, we ask well as to offer counsel if appropriate. All
I/We have provided for the future of St. Vincent de Paul Regional Seminary in the following manner:			
	Bequest through will or trust Bequest of retirement plan assets  Gift of life insurance Other:		
☐ If possible, attached please find a copy of the page or paragraph from the will or trust bequest, beneficiary designation form for life insurance, or retirement plan that describes my gift provision. This is not required and can be sent at a later time if you choose.			
Please list my name (and/or my spouse's name) for Legacy Society in the following manner:			
<ul> <li>☐ Yes</li> <li>You have my/our permission to include my/our name(s) in published lists (publications, newsletters, donor recognition plaque, and website) recognizing Legacy Society members.</li> </ul>			
Signature:		Date:	
Please return: SVDP, ATTN: Development, 10701 So. Military Trail, Boynton Beach, FL 33436 or via email at <a href="mailto:Development@svdp.edu">Development@svdp.edu</a>			
We recomm trust:	end the following legal language	for making a gift to	St. Vincent de Paul by will or revocable
	with its principal place of business		Florida, Incorporated, not-for-profit lorida: The sum of \$
The following described property: [description] AND/OR % [percent] of the residue of my estate."			

