

## Membership Form

In recognition of my strong belief and confidence in the work of The Hotchkiss School,

\_\_, confirm that I have taken—

or will take-steps to make a planned gift to benefit the School.

(If any of the information requested on this form is of a confidential nature, please indicate so on this form, accordingly.)

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Name		Phone
Address		Email address
City		Date of birth
State	Zip	Hotchkiss affiliation

l have mad	e the following provisi	on for Hotchkiss in my estate plan:	
<ul> <li>Bequest         <ol> <li>Residuary bequest: Hotchkiss's percent of residual value of my estate is             <ul></ul></li></ol></li></ul>	<u>%</u> \$\$	<ul> <li>Charitable Gift Annuity/Pooled Income Fund Gift         Date annuity/pooled income fund             account was established         Original gift amount of             annuity/pooled income fund             \$         Current value of account         \$        </li></ul>	
		Other Planned Gifts (please describe)	
Remainder Trust Present size of trust principal The Hotchkiss School's percentage of remainder interest	\$%	Purpose of This Gift to Hotchkiss	
Trustee (if other than Hotchkiss)	\$	<ul> <li>Unrestricted support for The Hotchkiss School</li> <li>Restricted support to benefit</li> <li>Other restrictions</li> </ul>	
The Hotchkiss School's percentage of lead interest Trustee (if other than Hotchkiss)	%	Please include me as a member of the Town Hill Society wit the opportunity to participate in any and all special program available to Town Hill members. Also, please list my name (a my spouse's name) in the Town Hill Society in the following m	ns ind/or
Life Insurance Policy     Policy face amount	\$		
Current cash value	\$		
Policy Number		<ul> <li>I prefer that you not include my name in the published list of Town Hill Society members and that this gift be considered</li> </ul>	
Name of Insurance		anonymous for public purposes.	
Type of policy			
Hotchkiss's interest in this policy is subject to	the following conditions:	Signature	
		Date	