



MONTEM SOCIETY

Confidential Membership Form

Thank you for including Graland Country Day School in your estate plans. The School understands that this is a non-binding expression of intent and that you may change your intentions at any time. The information you share with us is kept in the strictest confidence and is subject to the authorizations you provide below.

Name _____

(please print)

Preferred Address: _____

Phone number: _____ Email address: _____

Please indicate the TYPE OF GIFT you have made to Graland Country Day School:

- Specific Bequest - Amount: \$ _____
- Percentage Bequest: Percentage _____%. Est. value: \$ _____
- Beneficiary of a Retirement Plan (IRA, 401k, 403b, SEP)
- Contingent Remainder Bequest
- Charitable Remainder Trust
- Beneficiary of a Life Insurance Policy
- Charitable Lead Trust

PURPOSE OF GIFT

My/Our future gift is (check one):

- Unrestricted
- Designated for a specific program or purpose (specify):

DOCUMENTATION

- Yes!** A copy of the portion of my/our will that applies to Graland Country Day School, or the trust agreement or Change of Beneficiary Form in which the School is named, is attached hereto for your confidential files.

AUTHORIZATION FOR USE OF NAME

Graland may may not publicly include my/our name in donor publications **without gift amount.**

SIGNATURE _____ DATE _____

Please print name _____ Date of Birth _____

SIGNATURE _____ DATE _____

Please print name _____ Date of Birth _____

Please return this form to the attention of Kristin Weber at Graland Country Day School, 55 Clermont St., Denver, CO 80220. Please contact Kristin at 303.398.3623 or kweber@graland.org with any questions you may have.

ADDITIONAL INFORMATION/COMMENTS
