



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. Joseph Catholic Church.

NAME _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

NOTE: Legacy Society membership does not require disclosure of the information asked below. However, we ask for this information in order to document and steward your gift, as well as to offer counsel if appropriate. All information is considered confidential.

I/we have provided for the future of St. Joseph Catholic Church in the following manner:

- ☐ Bequest through will or trust ☐ Gift of life insurance
☐ Bequest of retirement plan assets 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:

- _____
☐ **Yes** 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.
☐ **No**

Signature: _____ Date: _____

Please return: St. Joseph Catholic Church, ATTN: Carmela Rincon
1200 E 10th Street, Stuart, FL 34996 or via email at crincon@sjscf.org.

Important Note:

If you are considering a gift to St. Joseph Catholic Church through your will or revocable trust, we strongly encourage you to consult with your legal or financial advisor to ensure the appropriate legal language is used. Your advisor can help tailor this language to fit your individual goals and ensure that your legacy gift aligns with your wishes and current estate laws.