



**Society of the Holy Child Jesus, American Province
Cornelian Society
Confidential Membership Acceptance Form**

Please print and complete:

I/We wish to be recognized with membership in the Cornelian Society and would like to join with other members to ensure the mission of the Society of the Holy Child Jesus.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-Mail _____

Please list my name (and/or my spouse's name) for the Cornelian Society in the following manner:

- Yes** You have my/our permission to include my/our name(s) in published lists.
- No** (publications, newsletters, and website) recognizing Cornelian Society members.

***NOTE:** Cornelian Society membership does not require disclosure of the information requested below. However, we ask for this information in order to document and steward your gift. All information is confidential.*

I/We have provided for the future of the Society of the Holy Child Jesus, American Province in the following manner:

- Bequest through will or trust
- Bequest of retirement plan assets
- Gift of life insurance
- Charitable remainder trust
- Other _____
- Attached please find a copy of the page or paragraph from the will or trust bequest, beneficiary designation form from life insurance policy, or retirement plan that describes my gift provision.

The estimated current dollar value of my gift is \$ _____.

My gift is to be used as follows: _____.

Signature

Signature

Date Signed

Date Signed

Date of Birth

Date of Birth

Please mail your completed membership form to:

**Mission Advancement Office
Society of the Holy Child Jesus - American Province
1341 Montgomery Avenue
Rosemont, PA 19010**